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ABSTRACT

Home-Start is an international organization in which volunteers offer regular support, friendship, and practical help to young families under stress in their own homes in order to prevent family crisis and breakdown. It-is available to any family with at least one child under 5 years of age. This book presents a snapshot of the day-to-day activities during the first 3 months of 1993 of over 500 Home-Start families and their volunteers in the United Kingdom, Australia, Canada, Israel, and the British Forces in Germany. The first part of the book provides an overview of the schemes and activities of the Home-Start organization. The second part presents, in words and photographs, descriptions of family background, needs, use of services, progress, parental satisfaction, detailed records of volunteers and organizers, and their time spent. Topics covered in this section are: children in need, child abuse, children with disabilities, multiple births, child parents, what volunteers do, what organizers do, rural families, inner cities, equal opportunities, homeless families, family health, isolation, widening social networks, quality of life, self-development, service families, endings (outcomes), partnership, and past families. Contains 38 references. (AP)

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Family Album

Snapshots of Home-Start in words and pictures

SHEILA M. SHINMAN

CO-PRODUCERS: SUE POPE & SUE EVERITT

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PS 023144

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HOME-START UK

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Sheila Shinman was educated at King's College, London and Newnham College, Cambridge. She gained a Ph.D. at Brunel, the University of West London where she is currently an Honorary Associate Research Fellow. Over the last 20 years she has been involved in and has researched into many aspects of early childhood and adult education, family care and support. She is the author of *A Chance for Every Child* and numerous articles in British and American Journals. She is married and has two daughters and four grandchildren.

Sue Everitt and her family live in Cambridgeshire. Sue left infant teaching after 7 years to bring up her own children and became involved with the local community playgroup, the Cambridge Resource Centre for under-5's and holiday playschemes. Through all these contacts with parents and children, she became aware of the need for informal support for families with pre-school age children. She was appointed as the first Organiser at Royston Home-Start, later becoming the Home-Start Consultant for the Eastern Region. She is now an Assistant Director for Home-Start UK.

Sue Pope moved to Herefordshire in 1964 with her husband and small children. She became very active in the Pre-School Playgroups Association, setting up two home playgroups over the next three years, and training as a tutor. Her concern for parents and children experiencing isolation in a very rural area led her to start and run Herefordshire Home-Start from 1981 for several years. She is now an Assistant Director for Home-Start UK. Sue has been a Magistrate for 18 years, and a grandmother for four.

ACKNOWLEDGEMENTS

We are very grateful to the many people who contributed to this book. A significant debt is owed to all the families, volunteers, organisers, administrative assistants and management committee members of all the schemes listed below who gave so generously of their time by completing questionnaires or providing illustrations, information or advice. Without them there would be no Family Album.

Ashfield · Australia · Banbury · Bassetlaw · Bedford · Bexley · Blackburn · Bolsover
Braintree · Brentwood · Dacorum · Detmold BFG · Dukeries · Dundee · Dunfermline
Celle BFG · East Belfast · Epping Forest · Exeter · Fenland · Hackney · Havant
Herefordshire · Hohne BFG · Ilkeston · Israel · Leeds · Leicester · Leighton Linslade
Leith · Lincoln · Lorn · Mansfield · Marlborough · Mastrick · Melton & Rutland
Mid Suffolk · Minden BFG · Newark · Newham · North Belfast · North Down & Ards
NE Fife · NW Leicester · Nottingham · Oxford · Perth · Premiers Pas, Canada · Reading
Rotherham · Scunthorpe · Selly Oak · Sheffield · SE Essex · South Shropshire
Stockland Green · Stoke · Sutton · Swadlincote · Teignbridge · Thamesdown · Torbay
Uttlesford · West Glamorgan · Worcester · Wrexham

Many other schemes have contributed in other ways with illustration and comment.

Home-Start UK staff made a great contribution too: Regional Consultants piloted the questionnaires and encouraged schemes at every stage; Sally Simmonds, Glenys Williams and Ros Downing took on a great deal of secretarial work in the preparation, distribution and collection of questionnaires from more than seventy schemes; Yasmin Butt, an undergraduate student in the Department of Government at Brunel University, spent several months on placement on the massive task of checking and processing the data.

For their helpful suggestions, we are also indebted to all those who read and commented on the drafts – Sir Peter Barclay, Gillian Corsellis, Margaret Harrison, Geoffrey Lord and Ann Holliday; to Dr Elizabeth Bryan, Betty Cohen and Professor E. Spiro who commented on particular extracts; to Joan Matthews for invaluable advice and help with the design.

We are grateful to the Gulbenkian Foundation for their enthusiasm for the study and support in enabling a wider dissemination of the book.

There are many other people who helped in ways we cannot begin to acknowledge, but finally we record our thanks to our own families who bore our pre-occupation with 500 other families with understanding, support and encouragement.

KENSINGTON PALACE

Since becoming Patron of Home-Start I have learned much about the help that this Charity offers to young families facing difficulties.

It has been a pleasure to meet families, volunteers and workers during the year and hear about the support and friendship they have received from Home-Start.

"Family Album" is a delightful study of 500 families whose lives have been enriched by contact with Home-Start. This informal, caring support can strengthen family life and bring a brighter future for many parents and their children, who, after all, are tomorrow's parents.

I am sure the families involved with the study will treasure this book and be pleased that their contribution may help other families to receive similar support.

Diana

December, 1993

PREFACE

Family Album: What is it all about?

A family's life is like a movie made up of many frames. This book covers no more than a few frames in the lives of the 500 families with 1,232 children together with the volunteers, staff and management committee members who contributed, all part of the family of Home-Start. Together the 'snapshots' provide a picture that may or may not be typical of a small, vulnerable group in the total population. But it is a very important group, not just because the well-being of children is involved but because its very existence begs questions of what we recognise as needs and how they should be met.

Families and their needs, together with Home-Start volunteers and what they do, are the two main themes of the Family Album.

The aims are to:

- give a voice to vulnerable families
- demonstrate what Home-Start has to offer
- help inform and improve Home-Start practice.

Timed to coincide with the International Year of the Family, the book shares its aims to:

> *'promote a more integrated understanding of family life in its various forms amongst practitioners, policy makers, service providers, the general public and families themselves as the basis for a comprehensive network of policies and services to support families'.*

Family Album is unusual in that the left hand pages carry the narrative, the facts and the figures relating to 20 topics relevant to families and to Home-Start schemes in the 1990's. Photographs and word pictures illustrate the text, telling the same story in a different way, on the right hand pages. So the book can be read at different levels or dipped into as the fancy takes you.

Following this introductory section, we start with an overview of Home-Start internationally. We look at family needs in different contexts and explore what volunteers and organisers actually do, as well as the influence of location on families and on schemes. This leads to consideration of how Home-Start reaches families for whom home-visiting may not be appropriate and to the more general topics of Family Health, Isolation and Quality of Life. Finally we look at those families whose formal contact with their volunteer came to an end during the study period and how they view the service they received. Bringing the Family Album to a close are recollections from some of the earliest families, together with reflections on why it is that the Home-Start approach appears to help towards happier families.

Families in the 1990s

Bringing up children can be fun . . . . sometimes. It has never been easy. In the 1990's it often seems more difficult than ever for parents in spite of all the help available from health and social services, as well as through the media and a multitude of self-help groups and other organisations. Technology has freed women from much household drudgery and from the fear of unwanted pregnancies. Yet problems for parents who need

A FAMILY'S LIFE IS LIKE A MOVIE MADE UP OF MANY FRAMES. . . .

to work or who want children and to work are compounded by the decline of the extended family and of communities where everybody knew and helped each other, and by inappropriate or inadequate child care. At the same time, mothers who choose to stay at home with their young children may also find themselves subject to new stresses far away from family and friends who in an earlier generation would have been there to share in the inevitable ups and downs of family life.

In the United Kingdom, the situation is aggravated by recession or its aftermath. Parents pre-occupied with making ends meet may find it hard to give as much attention to their children as they would wish. We know that poverty, whether interpreted in terms of basic physical needs or as relative to society's acknowledged standards, has grown over the last decade. The gap between the 'haves' and the 'have nots' widened in the 1980's. Many families in the United Kingdom are trapped in low-paid jobs and by the spectre of job loss and homelessness. At the same time Child Benefit, a bedrock support for the poorest, has not kept pace with inflation in spite of government increases in 1991. Significantly, 52% of one-parent families live on less than £100. 00 a week *(NCH, 1992)*.

In addition, an underlying and persistent fear about the world in which their children are growing up affects parents in all sections of society. This reflects wide public concern about rising rates of juvenile crime, the incidence of child abuse, HIV infection, environmental pollution and, above all, the safety of children.

Many people blame a host of these social ills on the breakdown of the nuclear family and the traditional roles of men and women. Whatever the reasons, the reality is that, whilst most couples get married, divorce rates have doubled since 1971. One in three marriages is likely to end in divorce. And at least one divorced or separated partner is likely to remarry. Conversely, many couples choose not to marry at all. Births outside marriage have risen to almost three in ten *(Social Trends, 1993)* There has also been a significant rise in the number of single parent families with dependent children, from 8% in 1971 to 19% in 1989 *(Social Trends, October 1993)*. Every day 170 babies will be registered in the name of one parent only. *(Social Trends, 1992, Hansard 13/1/92)*.

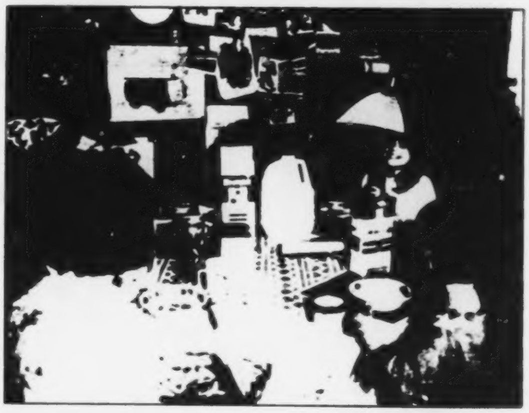
Families with under-fives

And so the spotlight turns on what is happening in families with very young children. Our future lies with them. The first five years are the most formative of their lives. It is also the time when children may be at their most entrancing and exciting – and at their most demanding and exhausting. A parent, acknowledged as potentially a child's most effective teacher, may lack the energy or know-how to play and enjoy learning together. It can become a story of lost opportunities. Yet most parents are resourceful and coping. It is vitally important, therefore, to know the positive and pleasurable aspects as well as the difficulties they face. What are their needs? How do they manage when things go wrong? How far are the services on offer really welcome, available and effective?

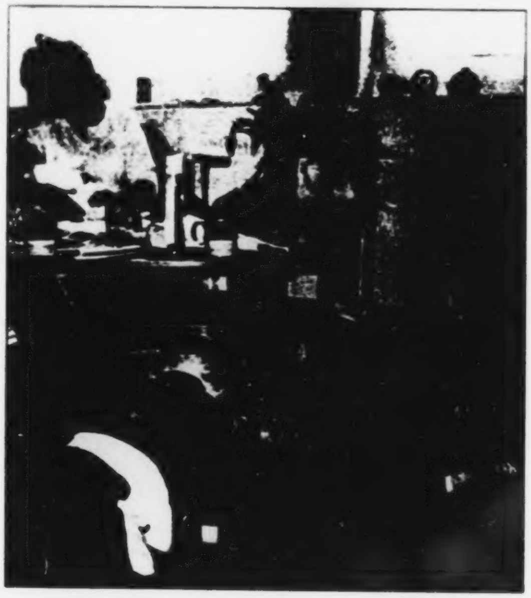
Family Album hopefully will illuminate these issues. It is a collection of pictures painted with a broad brush but based on detailed information about 500 families during the first three months of 1993. They come from all strata of society, from different ethnic groups and from many varied settings. The majority live in cities, towns and villages across the United Kingdom, but some as far afield as Australia, Canada, Israel and in Germany with British Forces.

What they have in common is that in the Spring of 1993, we know that they were all going

BRINGING UP CHILDREN CAN BE FUN . . .



. . . BUT SOMETIMES IT ISN'T EASY!



through or coming out of a bad patch and they felt that they needed help. All families had at least one child under five. All accepted help from Home-Start – an organisation that offers support, friendship and practical assistance to parents experiencing difficulties and frustrations. This meant that they invited a Home-Start volunteer into their homes who visited at least once a week and stayed for several hours. This was a unique and privileged position for the volunteers, especially when parents who already had a great deal to contend with were willing to invite into their homes a stranger, not a health visitor, social worker or other professional but an ordinary mother like themselves; and then to participate in a study, talk about their needs, their experiences and what helped them most.

The Children Act 1989

Such information is more than ever necessary, at least in England, in the wake of the Children Act, 1989 – the result of the greatest re-appraisal this century of principles and powers that affect families. The Act places the welfare of the child before all else. It also requires the service provider, usually the local authority, to listen to parents and children, to assess their needs and to enable children to be brought up in their own homes wherever possible. It emphasises partnership with parents, and parental responsibilities as opposed to parental rights.

One trouble, as far as listening to parents and assessing needs goes, is that service providers are usually professionals – social workers for example – constrained by heavy case loads and administrative duties. However good and caring they are as individuals, it is very difficult for them to do more than visit a family briefly, ask for views and assess what they see in terms of established criteria. We have also to recognise that professionals may be at a disadvantage because they are seen by some alienated families as 'authority'. They may be met with hostility, told either very little or what parents think they want to hear.

The nagging question remains. Where time is at a premium, what chance is there that parents will be heard who do not speak out or who do not find it easy to say what they need? Is there a danger that support offered them may be prescribed treatment as recommended by a professional on slender acquaintance and that the principle underlying the Children Act of partnership with parents will be compromised?

A more promising scenario characterises the offer of help made by Home-Start volunteers. Time and a listening ear are axiomatic. Moreover the lack of authority and bureaucracy behind them could be an advantage when it comes to supporting parents who are alienated, isolated and depressed and who find the strain of being at home with very young children pushing them near to breaking point. Perhaps such relationships have a better chance of developing to the point where underlying and hitherto unrecognised needs come to light?

There is one significant difficulty. Home-Start is not universally available. It is one of the many statutory and voluntary support services that may or may not exist in a particular locality. For many families, where they live and how well off they are determines whether there is a nursery school, playgroup or childminder for their children – or a free Home-Start scheme.

What exactly is Home-Start?

The first Home-Start scheme was pioneered in 1973 by Margaret Harrison, a Volunteer Work Organiser in Leicester Childrens Department. Having listened to the parents and the volunteers with whom she worked and then to Social Services, her subsequent idea was deceptively simple – that ordinary people (in the context of Home-Start, usually

THE FIRST FIVE YEARS ARE THE MOST FORMATIVE OF A CHILD'S LIFE . . .

. . . children may be at their most entrancing and exciting – and at their most demanding and exhausting. A parent is acknowledged as potentially the child's most effective teacher.

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mothers) have a fund of experience, skills, knowledge and human qualities of kindness, hope, genuine caring and a sense of fun. They are able, with preparation and continuing support, to become a friend to parents who are having difficulties with their children and to spend time with them in their homes. They can reassure them that they are not alone and help them cope better, grow in confidence and find pleasure in family life. They can also help isolated families make friends, use community resources and help prevent family breakdown. In consequence, Home-Start complements the statutory services and reduces the need for costly professional 'intervention'. *(van der Eyken, 1990).*

In late 1993, there are 133 schemes in the UK with some 4,000 volunteers supporting more than 9,000 families and almost 21,000 children. Each scheme is an independent charity with its own locally based management committee with responsibility for obtaining funding, mainly from a local authority or health sources. All schemes have an office base, one or two paid organisers and an administrative assistant. An established scheme (after two or three years) can support approximately 30 volunteers and up to 70 families. All schemes share the same Constitution, the same ***Standards and Methods of Practice***, and contribute one per cent of their income to Home-Start UK. This, the parent body, was set up in 1981 to develop a mutually supportive network and to produce comprehensive guidelines and procedures for all schemes. Currently it is directed by Margaret Harrison.

The sea-change from a single scheme to a national and international network emphasises the role of Home-Start UK in maintaining the Home-Start ethos and ***Standards*** across all schemes. This becomes particularly challenging as enthusiasm for Home-Start spreads beyond England. The idea has translated into thriving schemes in Scotland, Wales and Northern Ireland, in the Republic of Ireland, Australia, Canada, Hungary and Israel as well as with the British Forces in Germany and Cyprus. New schemes are gestating in the Netherlands and the Czech Republic and Slovakia.

Stability and Change

It is remarkable how since its earliest days the principles and precepts of Home-Start accord with those of the Children Act, 1989 – in particular those of partnership with parents, of supporting a family when difficulties first arise so as to prevent the need for crisis intervention, and of working in co-operation with others to support and keep a family in its own home. But the considerable national, demographic, economic and political changes that have taken place since Home-Start began beg questions of how family needs have changed and whether Home-Start is able to meet those needs. How far, for example, has Home-Start succeeded in helping lone fathers or in accommodating male volunteers and staff? Is it still a world of mothers at home with young children or does it extend to working women under stress? Is it reaching the families whom it hopes to reach? Perhaps the Family Album will provide some answers.

What is a Family?

But what is a family in the 1990s? Whilst 40 per cent of families supported by Home-Start in its early days were single parents ***(van der Eyken, 1990)***, in national terms a 'family' usually meant father married to mother caring for two or three children. Father went to work, mother stayed home to look after the children. In the intervening years much has changed. Patterns of family life are now more diverse with marginally smaller families, and more women seeking full or part-time paid employment outside the home. Although seven out of ten families with dependent children are still headed by both natural parents, attention focuses on the number of one-parent families. This has more than doubled and comprises approximately one sixth of the total number of families. Mothers who have never married (technically a single mother) account for 6.4 per cent of all families. But

WHAT IS A FAMILY IN THE 1990s?

For Home-Start, what has always mattered most is to strengthen, wherever possible, a loving, stable, secure environment in which to bring up children – the composition and status of the household are immaterial.

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then there are also divorced, separated, and widowed mothers, lone fathers and step-families. How then can anyone talk in general terms about supporting 'the family' ? Are all families worth supporting? Clearly there are marriages and partnerships that do not work, where separation or divorce are the only chance of future happiness for parents and children. So 'prevention of family breakdown' by itself, cannot be a satisfactory measure of success. We know very little about the long term effects on children of being brought up in different family settings. Such evidence as there is is unclear or conflicting. For Home-Start, what has always mattered most is to strengthen, wherever possible, a loving, stable, secure environment in which to bring up children. The composition and status of the household are immaterial.

Family Album: How it came about

Turning to the Family Album, it remains to outline its purpose, how it came about and the way the study was carried out. The original intention was to begin a process of learning about evaluation within Home-Start and of working towards the means for all Home-Start schemes – if they wished – to gather comparable information. Primary aims, therefore, were to develop tools for monitoring the work of Home-Start and to provide an agreed basis for schemes to carry out their own evaluations.

By way of a practice run and to give organisers a realistic awareness of what was actually involved in gathering the information it was suggested that Home-Start schemes should each be invited to monitor, on pre-arranged dates and for the same specific period of time (say one to three months), a topic of interest to them. The same basic questionnaires would be completed by organisers, volunteers and families as appropriate. Home-Start UK would be responsible for ensuring shared understanding of terms and the way the work was to be carried out. As the breadth of the canvas and the wider relevance of what amounted to a slice of life in the 1990's became clear, the idea of using some of the information for a book that would provide a picture of the families who had invited volunteers into their homes, and of Home-Start's involvement with them, took shape.

All Home-Start schemes were consulted and invited to participate by choosing a topic from a list of suggestions to monitor intensively during January, February and March of 1993 ***(see list on p.15).*** Initially, 76 out of 128 schemes in the UK responded positively, (59 per cent) plus six schemes in Germany, and those in Israel, Australia and Canada. A set of eight core questionnaires common to all families/topics was developed. They covered family background, needs and how these were met, use of services, what helped and what hindered progress and parental satisfaction. Detailed records of what volunteers and organisers actually did, together with the 'time spent' were included. Some topics, e.g. 'Homelessness' and 'Family Health' required additional items. Study time for two topics, 'Isolation' and 'Widening the Social Networks' was extended to six months as a more reasonable period for observable change. All questionnaires were coded to ensure confidentiality. Five schemes suggested additional or alternative topics or preferred to contribute material they had in train. Four schemes in one County contributed to the topic 'What do Volunteers Do?' through a study of how the families perceived their volunteers and their own situation. This was part of a dissertation for a higher degree by an organiser. Israel supplied a supervised evaluation of volunteers in schemes in the Tel Aviv area by social work students at Tel Aviv University. Other sources of information included pen pictures from all participating schemes, ***Annual Statistics*** from Home-Start UK, case studies, meetings with individuals and groups of organisers and management committee members. Tables and an evaluation of the project are available from Home-Start UK.

And so to Home-Start's FAMILY ALBUM . . . .

WHAT EXACTLY IS HOME-START?

All Home-Start schemes were consulted and invited to participate in Family Album by choosing a topic, from a list of suggestions, to monitor intensively during January, February and March of 1993. Questionnaires were coded to ensure complete confidentiality, and covered family background, needs and how these were met, use of services, what helped or hindered progress, and parental satisfaction. Detailed records of what volunteers and organisers actually did, and their 'time spent' were also included.

Children in Need
Child Abuse
Children with Disabilities
Multiple Births
Child Parents
What do Volunteers do?
What do Organisers do?
Rural Families
Inner Cities
Equal Opportunities
Homeless Families
Family Health
Isolation
Widening Social Networks
Quality of Life
Self-development
Service Families
Endings
Partnership
Past Families

Home-Start is a voluntary organisation in which volunteers offer regular support, friendship and practical help to young families under stress in their own homes, helping to prevent family crisis and breakdown. Home-Start is available to any family with at least one child under five years of age.

THE HOME-START LOGO
IS THE ANCIENT
SYMBOL OF FRIENDSHIP

A TYPICAL HOME-START SCHEME

A MULTI-DISCIPLINARY MANAGEMENT COMMITTEE

who employ

A PAID ORGANISER

who recruits, trains and supports

A TEAM OF 30 VOLUNTEERS

THE ORGANISER:

- *accepts referrals;*
- *initially visits each family in their own home;*
- *introduces a Home-Start volunteer who visits the family in their own home once or twice a week offering support, friendship and practical help until the family is able to cope on their own.*

There is also a part-time secretary.

AND SO TO HOME-START'S FAMILY ALBUM . . .

FAMILY ALBUM – A BIRD'S EYE VIEW OF HOME-START SCHEMES

Australia

Casting first across the world to Australia we see a tiny speck — one Home-Start scheme under the auspices of the Family Action Centre at the University of Newcastle, New South Wales. It is in its fourth year and funded by the New South Wales Department of Community Services. Volunteers (known as visitors) offer friendship and practical support to families with young children whose parents are isolated or have difficulty in coping with their offspring. In the modern and fast growing suburbs to the east of Lake Macquarie there is no shortage of referrals.

It is gradually coming to be recognised that many problems do not need high-powered professional intervention. Someone who can become a friend to a young mother, someone who has time to listen and to be there when she needs a helping hand or someone to talk to can provide acceptable and effective support. Currently the Hospital Outreach Midwifery Service, for example, is unable to meet the long term needs of increasing numbers of poor and homeless families, of those coming new into the area or at risk through family breakdown or chronic ill health. A Home-Start visitor, introduced through the agency to an alienated mother may be her only link with the outside world, able to follow up the support initially provided by Family Care Midwives with friendship and what amounts to an extended family.

In early 1993, approximately 60 families and 150 children were being supported by 42 home visitors and through a Home-Start playgroup. About two thirds were nuclear families; the others were either separated, divorced or single parents. Most parents were in their late twenties or early thirties. Close to half the total number received pensions or benefits. A total of 18 families and 17 visitors participated in the Family Album. They came from a wide variety of backgrounds and included parents and children with disabilities, child parents, parents who spoke very little English and one family with triplets.

Canada

Moving on to Canada, we see one small pilot scheme – *Premiers Pas*. It is in one of the most underfunded areas in Quebec Province, because funding is based on figures dating back to the early 1970's. At the time of the study, the organisation struggles on with a part-time organiser (who also has a full time job) and nine volunteers. The hope is that, following major reforms in the Health and Social Services, funds will be made available for promotion and prevention projects like Home-Start that will permit the appointment of a bi-lingual organiser. The scheme will cover four fast growing towns in the area just south of the Island of Montreal. Although there are pockets of poverty, people in two of these towns are among the most well to do in Quebec. Some of the poorest families, in particular single parents amounting to 12 per cent of the population, live in the other two towns.

It is estimated that 78 languages are spoken in the area. The first is French, then English followed by Chinese and Greek. The cosmopolitan character of the people is reflected in the Home-Start families who, besides French Canadian and English Canadian come from a variety of cultural backgrounds including Jamaican, Haitian, French (from France), Spanish, Syrian, Lebanese and Pakistani. So far, most of the families referred – usually by the post-natal nurse – live in the more affluent towns. Of the three families caught in our

NO MATTER WHERE IN THE WORLD....

a young mother needs someone who has time to listen and to be there when she needs a helping hand. A Home-Start volunteer can provide acceptable and effective support.

AUSTRALIA: *where families and volunteers enjoy more outings, reflecting outdoor life in a different climate*

CANADA: PREMIERS PAS *(First Steps)* **HOME-START, MONTREAL:**

It is estimated that 78 languages are spoken in the area . . . the cosmopolitan character of the people is reflected in the Home-Start families and volunteers

Je veux t'aimer sans m'accrocher
t'apprécier sans te juger
m'uni a toi sans t'envahir
t'inviter sans t'obliger
te quitter sans culpabilité
te critiquer sans blâmer
t'aider sans t'insulter.
Si je peux avoir la même chose de toi
alors nous pourrons vraiment
nous rencontrer et nous enrichir
l'un l'autre.

I want to love you without clutching.
appreciate you without judging.
join you without invading.
invite you without demanding.
love you without guilt.
criticise you without blaming.
help you without insulting.
If I can have the same from you
then we can truly meet and
enrich each other.

Virginia Satir

snapshots, two are town dwellers and one lives in a more rural part. A telling comment regarding one family was that even though they had the 'daily use of a car' they were 3000 miles away from their parents and were not eligible for the Home-maker Service (similar to Family Aides).

Israel

In marked contrast to Canada, Israel, a small country in the Eastern Mediterranean, has a population of some five million people of whom 82% are Jews and 18% Muslim, Christian, Druze and other faiths. These bald statistics do not adequately convey the cultural mix of a country that has welcomed Jews from all over the world, particularly from Europe after the Holocaust, from Africa and latterly from what used to be the Soviet Union. Yet even in a society that is as family orientated as Israel, there are people who are not part of it. Many lack the natural support of family, friends and neighbours. It is with the human needs of such families 'mothers with small children, lonely and alienated women, women who do not avail themselves of community services and women having difficulty in relating well with their children' that Home-Start in Israel or *Ha-Ken* is concerned.

In the Spring of 1993, four years after the 'Ken' project started, there are 18 schemes in Israel. Ha Ken programmes have been successfully set up in Jewish, Druze and Arab towns and cities *(Map inset)*. Schemes have assured basic funding from the government and are operated by the Ministry of Labour and Social Welfare in co-operation with the Volunteers Unit and the local authorities who provide training and supervision.

Ha-Ken recruits volunteers in all communities. Overall, there are 317 volunteers, some of whom are still on preparation courses. Normally each volunteer supports one family, although in Ashdod and Ashkelon a few visit two families. Volunteers reflect widely differing cultural patterns. At one typical group meeting are women from Morocco, Turkey, America, Britain, Switzerland, Russia and the Yemen as well as native born Israelis; there are young mothers and grandmothers, the affluent and the less well-off, all committed to helping families in their community.

A distinctive aspect of Ha-Ken is that from the outset the aim was to focus on highly problematic families – women whose loneliness and alienation stems from their own lack of mothering – a pattern that goes back over two or three generations. Such 'hard-to-reach' families are now being helped to overcome their fears and to gain confidence and trust. ***(Cohen and Rozenstock, 1993).***

British Forces in Germany

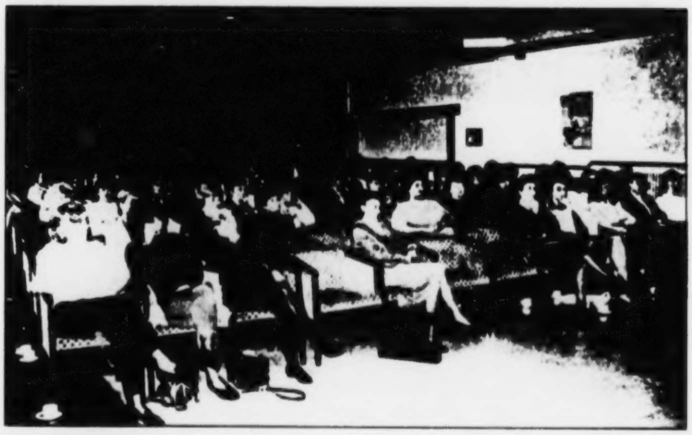
Moving now to Home-Start in Germany, Home-Start schemes for service families abroad differ in that the organiser, although trained and supported by Home-Start UK, is paid by the Ministry of Defence, albeit at much lower rates than in the UK and other countries. There are fewer funding worries so that the organiser has more time for families and volunteers than in many other schemes. Moreover, referrals are seldom long term since families with major longstanding difficulties are returned to the United Kingdom.

All 18 schemes are in or near British Forces garrison towns and are currently subject to considerable instability. Whilst Home-Start UK's ***Annual Statistics*** show that the average scheme in Germany has existed for almost five years; that it offers 30 organiser hours a week and has 12 volunteers supporting 28 families with 50 children, they do not reveal the impact of 'Options for Change' and the drawdown of British troops from Germany. This has already halved the size and/or altered the catchment areas of most Home-Start schemes. It means that problems stemming from what has always been a highly mobile

ISRAEL – HA-KEN *(The Nest)*

It is with the human needs of 'mothers with small children, lonely and alienated women, women who do not avail themselves of community services and women having difficulty in relating well with their children' that Home-Start in Israel (or Ha-Ken) is concerned . . . such hard-to-reach families are now being helped to overcome their fears and to gain confidence and trust.'

TEL-AVIV VOLUNTEERS



BRITISH FORCES
GERMANY

Organisers and Volunteers from the German schemes at the annual Volunteers' Day population are intensifying. There has been a significant upsurge in housing problems and in marital breakdown reported from all the Welfare Agencies, notably Relate and the Soldiers, Sailors and Air Force Association (SSAFA). Home-Start's organisers and volunteers, themselves caught up in the changes, try to keep families steady until they can get appointments with the relevant professional agencies. Current uncertainties made it difficult for schemes in Germany to participate and several had to drop out. However four did contribute, although on a smaller scale than expected.

United Kingdom

As the map opposite shows, Home-Start schemes from all regions are represented in the Family Album. A total of 59 out of the 128 schemes then operating participated (46 per cent). Five schemes tackled more than one topic. Fortuitously, schemes in different regions chose to cover the same topics so that a good geographical balance was obtained. There was a similar spread in types of catchment area with 68 families in both inner city and rural schemes, 85 in urban areas, 76 in small towns and 153 in mixed urban or rural areas, and the rest in mixed developments that organisers could not fit in with any of the classifications.

The moment at which each of the 500 families was caught in the 'snapshot' would determine how many had expressed their needs but had only expectations of a volunteer, how many had some experience of Home-Start and how many could look back, as the time for formal home visiting drew to a close, on what had or had not helped them. Of the total number of families, 345 had been referred before the study period and for 87 of these families formal visits came to an end; 107 families were referred between January and March 1993 and visits to three of these also stopped. We have no referral dates for 48 families.

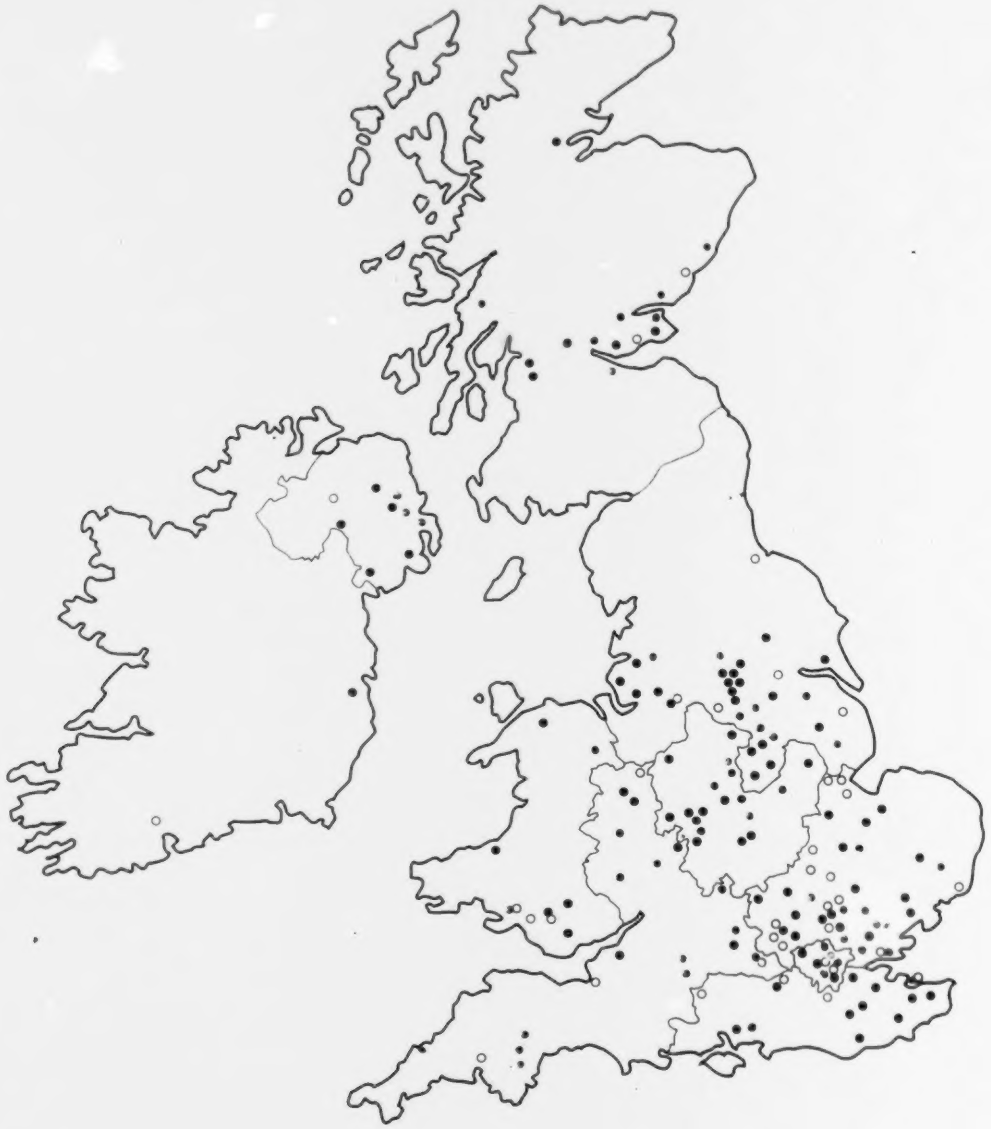
Overview

Our immediate concern is with the totality of families, and in particular how far national trends towards more single parent families and untraditional family groupings are reflected in all those who contributed to the study. Most (58%) were two parent families in line with national patterns. Lone parents, virtually all of them mothers, comprised just over one quarter (27%) of all families. This is higher than the national figure of 25%, but less than the 36% of single parents referred to Home-Start schemes nationally in the year ending March 31st 1993. Extended families, mainly from Asian communities, accounted for five per cent of all families. Another small grouping is of interest because of increasing numbers of step-families (nationally, one in 12 families is a stepfamily and 52% of them have their own children). There were 27 re-constituted families in the current study (5%) but they made a disproportionate contribution to the total number of children; 9.5% of all children in the study were stepchildren. The mothers brought 42 children and the fathers a minimum of 75 children from a previous relationship (22 of them had 'more than two children'), so that the average family size was 4.5 children. When all 500 families are considered, this may have undue influence on the average family size of 2.5 children, well above the national average of 1.8 children. Missing data amounted to 5% of all families.

Most families (75%) had one or two children under five. A further 19% had three, four or five small children (6% missing data). Just over half the total number of families (53%) had no children over five. What stands out is the age distribution of the children under five – most often a baby plus one or more children aged between two and three, encompassing the demanding time of the 'Terrible Twos'.

As to parents' employment, whilst just over half the fathers were in full time employment, some 15%, well above the national average of 10.4%, were unable to find work; 4% worked part-time and 4% did not work through choice. This usually meant that they needed to

HOME-START IN THE UNITED KINGDOM



KEY TO SCHEMES

- ○ POTENTIAL HOME-START SCHEMES
- ● HOME-START SCHEMES
- ● HOME-START SCHEMES WHO TOOK PART IN THE FORMAL STUDY

5 schemes in Germany and Canada also took part

Home-Start schemes in Nottinghamshire, Australia and Israel made their own significant contribution to the study

Other Home-Start schemes contributed to the book in a variety of ways.

help with their disabled wife and/or children. 'Missing data', amounting to 26%, refers mainly to single mothers who were not in touch with their children's father.

The majority of mothers (73%) chose to be at home with their under-fives and 9% said that they wanted to work but were unable to find a job. A striking finding is that six women, (1.2 %), were working full time. This observation raises the question of why working women with young children are seldom referred to Home-Start. Does the mere fact of working outside the home provide a buffer against stress, as some research suggests *(Brown and Harris, 1978)* or is it also that working women under stress are not available during working hours and in consequence are not seen by referring agents?

This brings us to the final question in this brief overview of all the families. Who referred them to Home-Start and why? In line with Home-Start UK national statistics, health visitors were the major sources of referral (48%), whilst social workers accounted for 18% and self-referrals for 11% of families. A wide variety of other individuals and organisations put the remaining 23% of families in touch with Home-Start. But why? What did they hope would be achieved?

FIG. 1 **REASONS FOR REFERRAL**

• to support a mother with her baby or children	*(357 mothers, 71%)*
• problems affecting the mother (eg. depression)	*(253/51%)*
• loneliness and isolation	*(224/ 45%)*
• difficult relationships within the family	*(167/ 33%)*

(There was often more than one reason for referral so percentages do not add up to 100).

Over and above these, a multiplicity of troubles often complicated matters – housing, money, unemployment, alcohol and drugs, sexual and physical abuse, combinations of all these and more. Most referrers clearly hoped that the introduction of a volunteer able to offer low- key but reliable support might make a positive contribution to the well-being of young families under stress.

Children in Need in relation to Local Authority criteria

A key issue was to identify the particular needs of children in families referred to Home-Start to see how far they fit in with local authority criteria for 'Children in Need', for there is fear at grass roots level that tight budgets may lead some local authorities to prioritise the immediate needs of families and in spite of the importance accorded family support under Section 17 of the Children Act to exclude or give low priority to preventive support. Such developments could result in children with less obvious needs falling through the net – at least until they became crisis cases. Moreover, preventive schemes like Home-Start that aim to increase parental skills and confidence in their own abilities so that they do not reach that stage could be manoeuvred into taking on more and more hard cases but without the previously available levels of professional support from social workers and health visitors. The truth of the old saying 'A stitch in time . .' may be forgotten.

Whilst criteria vary between local authorities and in the same authority over time *(Shinman, 1992)*, all give priority under the Act to children at risk of ill-treatment, neglect

EACH AREA OF THE UNITED KINGDOM HAS PARTICULAR CHARACTERISTICS AND NEEDS

Home-Start responds in a specific way

"An industrial city with a population of approximately 190,000. There are a lot of peripheral council housing schemes, many of which are designated areas of social priority and there is a large number of inner-city tenement dwellings, plus a high number of multi-storey blocks of flats. The city has a high percentage of unemployed adults."

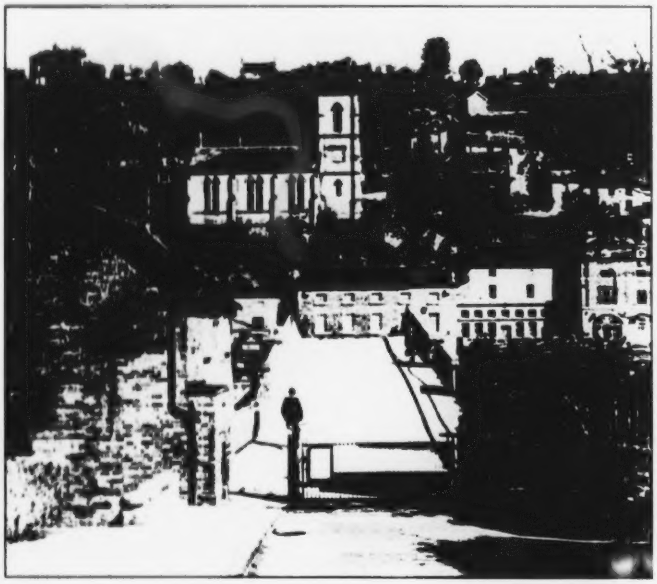
"Home-Start serves a large rural area of 258 square miles with a population of 42,000. Within this area, in addition to the town, are a large number of villages and fairly isolated hamlets with very poor public transport. In addition to this, there is a large military presence in the area with a garrison town."

"The town would appear to the casual observer to be a pretty, sleepy market town, but it has many problems bubbling away under the surface; both the Borough and the County Council have severe financial problems. There is a great deal of homelessness, especially amongst the young. There are several large, run-down housing estates with few facilities and a high crime rate."

"The economic and social problems of rural areas are often neglected as people see only the picture postcard image."

"A market town with a population of 136,000. There are established Italian, Polish, Afro-Caribbean and Asian communities. Unemployment is at 12% and rising. 12% is fairly high for the South East of England."

"The city of 'dreaming spires' is a city of extreme social contrasts. This is reflected by the broad range of people Home-Start both attracts and involves, from Management Committee members to families and volunteers. It is difficult to determine whether the variety springs from the City, or if Home-Start itself speaks such a universal language that it can be 'heard' across the social spectrum."



or abuse (on the Child Protection Register); to families where there is a likelihood of breakdown and the need for a child to be looked after by the local authority; to children with disabilities and to children whose health and development is seriously impaired according to health visitor surveillance. With this in mind, we asked organisers in all participating schemes to place families as near as possible to their situation according to the list below, at January 1st 1993 or at the date of referral if this were later.

FIG. 2

FAMILIES AT 1.1.93 OR AT DATE OF REFERRAL

(Categories eight and nine were added later to accommodate families placed at more than one level)

Level	Family situation at 1.1.93 or date of referral if later	No. of families	%
1.	There are difficulties but no concern about breakdown or risk to children	168	33.6
2.	In temporary crisis	57	11.4
3.	Difficulties exist and Home-Start is concerned that the family needs extra help and support in order to prevent breakdown or risk to children	113	22.6
4.	Children were previously looked after by the local authority and a re-unification plan is in place	1	.2
5.	Difficulties were of a high order but are now being satisfactorily resolved	34	6.8
6.	There are children at risk of ill treatment and neglect (i.e. on the Child Protection register)	16	3.2
7.	There are chronic, well established problems and a high risk of breakdown and need for the child(ren) to be looked after by the local authority, either by agreement with the parents or through a Court Order (e.g. Care Order)	9	1.8
8.	This is a family described by a combination of the above and their situation can conclusively be described as improving	14	2.8
9.	This is a family described by a combination of the above and their situation can conclusively be described as deteriorating	21	4.2
	Missing data	67	13.4
	Totals	500	100

STRESSES ON FAMILIES IN A WORLD CONTEXT

HOW THE OTHER HALF LIVES

- The average person in the UK uses 30 gallons of water a day, compared with around two gallons used on average by people in developing countries.
- In the 41 least developed countries in the world average annual income per person was less than £147 in 1990. In Britain, the average person spent one and a half times that on holidays.
- In the richest fifth of the world's population, annual public expenditure for health care averages $600 per person compared with $2 per person in the poorest fifth.
- African women have a one-in-21 lifetime risk of dying from pregnancy-related causes, compared with a one-in-10,000 risk for women in northern Europe.

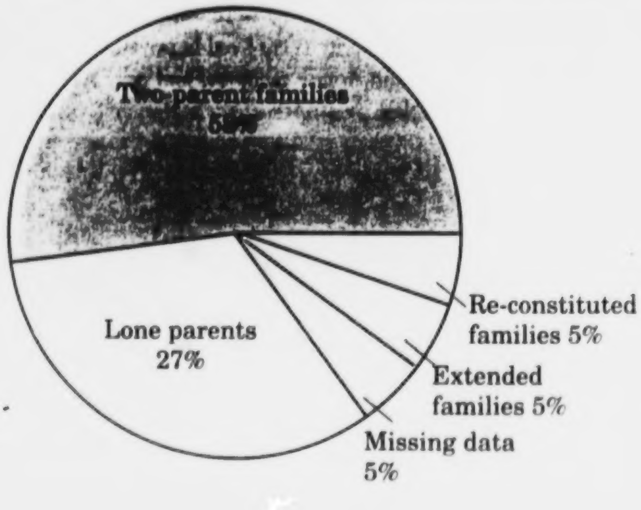
A FRENCH study of violent
adolescent crime puts
most of the blame for ag-
gression on the failure of
parents to provide role m
The justice ministry
also said it was impos
talk of premeditation i
juvenile crime becau
was no proper perc
death among children.
The murder of Jan
has provoked a natio
on juvenile crime
ties showed a 30 p
crease in offences b
olds in the past 20
than 100,000 childr
per cent of unde

WOMEN are being forced into mental illness by the pressures of family duties and the need to earn a living, made worse by the expectations of men and the medical profession that they can cope, the Princess of Wales said yesterday.

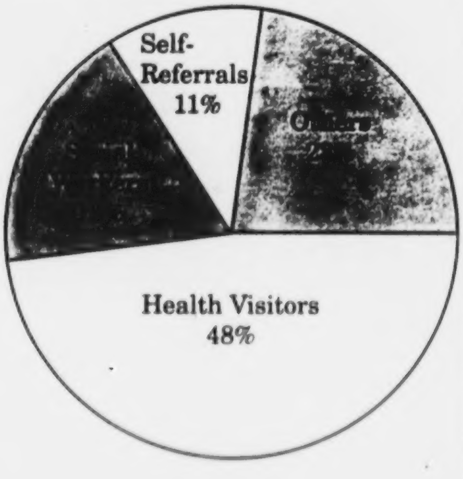
DALE lives on the 13th floor of a tower block. Since he was stuck in a lift a year ago he hasn't dared to get back into one. Instead he climbs 214 stairs with his mum, who is seven months pregnant.

"He refused to come home when he went to his nana's house last summer," said his mother. "All he dreams about is living in a house with a garden where he can run outside and play."

THE MOMENT AT WHICH THE SNAPSHOTS OF PARTICIPATING HOME-START FAMILIES WERE TAKEN



FAMILIES AT DATE OF REFERRAL



SOURCES OF REFERRALS

CHILDREN IN NEED

Figure Two *(page 24)* shows that the majority of referrals to Home-Start among all participating families fall in Levels One, Two and Three. This suggests that Home-Start is still primarily concerned with preventive work with families as there is no concern about breakdown or risk to the children, or the family is in temporary crisis, often a hospital admission. But families in Level Three – that is 'where difficulties exist and Home-Start is concerned to provide extra help and support to prevent breakdown or risk to children' (113 families) are a source of concern. They could fall below a cut-off point for funding if local authorities lack resources and have to make unpalatable decisions.

What are these families like? And what are their needs? Four schemes chose to focus on the topic, of which two were in Scotland, one in Wales and one in South West England. Two were in urban areas with inner city problems and two in more rural mixed areas. The knowledge base across the four schemes, was 62 families with 133 children; 41% of families were in Categories One or Two, 52% in Three and 7% in Five. No child was on the Child Protection Register and only one child was registered disabled although organisers described all children as having some impairment to health or development, for example 95% eczema, asthma, Down's Syndrome and 40 % of children had drug- controlled illnesses like diabetes.

Just over half the families had been referred by a health visitor, 10% by a social worker, whilst 17% were self-referrals and a further 20% had been referred by a variety of other agencies. Over half (56%) were single parent families in their early to mid-twenties, 38% were two-parent families (mainly in the 26-34 age range), and 6% were members of extended, mainly Asian, families. This sample included an exceptionally high proportion of single parents.

No family was living in temporary accommodation. A minority (10%) were owner occupiers, 19% lived in premises rented from the Council and the majority (71%) lived in private rented accommodation. A high proportion lacked washing and drying facilities, and only Asian families in extended families shared household amenities.

FIG. 3

PERCENTAGE OF FAMILIES WITH CHILDREN IN NEED ON INDICATORS OF DEPRIVATION/STRESS.

On income supplement	60%
Inadequate accommodation (damp, run down)	43%
No safe play space	42%
Neighbourhood lacking amenities	41%
Material deprivation	32%
Overcrowded	30%

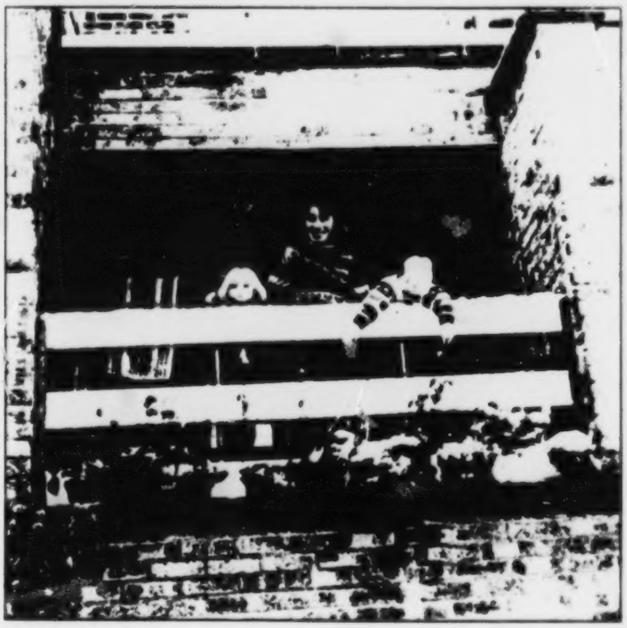
Three or more of the above indicators applied to approximately one third of families in this group, suggesting that their circumstances were very difficult, but not necessarily that the family was 'at risk'. They may be coping very well, given the limitations.

We know nothing about fathers in about half the families, mainly erstwhile partners of single mothers, but 8% worked full time and another 12% part-time, whilst almost one third were

CHILDREN IN NEED

Home-Start helps many families who may fall below the cut-off point for statutory support

Mum has a hearing disability. Volunteer takes the family shopping, on outings and the little boy to pre-school. Talks and plays with the children.



No safe place to play. Alex, Chloe and Mum on the balcony of their one-and-a-half bedroomed flat. Mum is expecting again.

"Grandmother is caring for grandson as daughter is in gaol for 5 years. Volunteer helps with toddler and supports grandmother in her effort to bring up a young child at her time of life."

BEST COPY AVAILABLE

either disabled or unable to work. The majority of mothers (72%) chose not to work; 21% would have liked to do so but were prevented by lack of child care. The proportion among rural families was higher. All mothers already had a child or children aged between 18 months and five years, and about half had a baby as well as child/ren over five years of age.

Just over two thirds of families made use of statutory services, particularly health visitors, G.Ps and hospitals as well as specialist centres, but about one third were reluctant or non-attenders. Access and availability were often the problems. Whilst volunteers and organisers recognised a need for nursery school places, children seemed to be on the waiting lists rather than attending. It was also noticeable that few families used the services of voluntary organisations, apart from Home-Start.

The profile of families in the table below is based on records that cover reasons for referral, the organiser's first visit and the introduction of a volunteer. The incidence of childhood trauma and the disruption affecting children, as well as literacy and numeracy problems in the parents, were sources of stress that emerged as Home-Start involvement progressed.

FIG. 4

PROFILE OF FAMILIES IN LEVEL THREE

Childhood trauma	82%
Family disruption affects children	69%
Behaviour problems in children	63%
Poor parenting skills	45%
Marital problems,including drug misuse	31%
Ethnic needs not met	22%
Literacy and numeracy problems	21%
Chaotic life-style	19%

Home-Start's response

Clearly, many of these families have multiple needs. How does Home-Start respond? The table opposite outlines what happened in two families selected at random, who in spite of the Children Act would not always qualify for support according to some local authority criteria of need.

On one level the activities recorded are all very mundane, but they demonstrate two important points that could be made with the majority of returns. The volunteers' activities are focused on meeting needs identified and agreed by the referrer, the organiser and the mother. In both cases flexibility is demonstrated in the ability to translate and handle letter writing and to respond to new situations, e.g. the racist attack. Both these families appear to be making some progress, judging by the length and number of visits and the type of activities. They are not nearly as obviously sources of concern as many other families in the group. But it is the borderline families who may be particularly at risk if local authorities are unwilling or unable to support them unless and until they become crisis cases.

Looking again at Fig. 2 we see that 5% of all participating families supported during the study period had children either on the Child Protection Register, i.e. officially recognised as at risk of ill-treatment or neglect, or who were families with chronic, well-established problems with a high risk of breakdown and need for children to be looked after by a local authority. Nationally, 5% of children supported by Home-Start are on the Child Protection Register. It is to these particular families with severe difficulties that we now turn.

VOLUNTEER ACTIVITIES IN TWO FAMILIES FOR WHOM HOME-START HAD CONCERN

FIG. 5 FAMILY 1:

A Sikh family recently moved into the area to a seventh-floor in a high rise block. They have no car. One of the two under-fives has severe eczema and both lack stimulating play. Mother is pregnant and feels unwell most of the time. She has no clothes washing or drying facilities. She feels lonely and unsupported.

January

The volunteer makes ten visits. From the time spent travelling, she obviously lives fairly close by. Each visit lasts about one hour. She takes the mother (and the children) to a hospital appointment and to see her GP. She listens and reads to the children. She helps with housework and in building up a routine. She gives information, translates letters and helps with documents and form filling. On each occasion she offers emotional support .

February

There are only four visits this month. They are shorter and are regular each week. The volunteer takes the mother to her hospital appointment; she helps cook and wash up. On every visit she hugs the children and takes in a new toy and activity for them. The mother's sickness has diminished and she is feeling better able to cope.

March

Again four visits, but they are longer – up to one hour because there has been a setback. The mother is very upset because of a racist attack and much of the time is spent hearing what happened and discussing what to do. The volunteer hugs and plays with the children on each visit and continues to introduce new activities. She also rings the mother between visits to offer telephone support.

FAMILY 2:

Mother is disabled (MS) and father works full time. They have two children, one with Downs Syndrome. The family live in a comfortable but rather isolated house in the country. Mother needs help to choose appropriate play activities for the children and to develop housekeeping skills.

January

The volunteer makes one visit of two hours, equalled by her travelling time of two hours. During that visit she takes toys for the children and plays with them, modelling discipline and suggesting new ways to manage. She helps with letters and documents. She encourages physical contact, hugs, comforts, praises and listens to mother's worries.

February

Two daytime visits this month of two hours and 2.5 hours respectively. In addition the volunteer babysits on two evenings for two hours on each occasion. She plays with the children, washes up and shares cooking skills with the mother. She hugs and praises. The babysitting gives the parents a much needed chance to go out together. The volunteer also rings the mother for a chat three times.

March

Three visits of approximately two hours. The volunteer models discipline, shares cooking skills and plays with and reads to the children, (one visit). She also takes the family out to tea and takes the children to the park.

CHILD ABUSE

There is evidence that child abuse is more widespread nationally than was thought. It occurs in many forms and is found in families from all backgrounds. Research has shown that about a third of cases involve children abusing other children. But children of parents under stress from ill health, poverty and social isolation are most vulnerable. In such families children may fail to thrive, be accident prone, be dirty and dishevelled. Sometimes parents injure their children through excessive punishment or deliberate mal-treatment. Moreover there is sexual abuse which includes inappropriate touching of a child's genitals and engaging a child in sexual activity, intercourse or masturbation. Such practices can involve small babies as well as toddlers and young children. *(NCH, 1992; NSPCC, 1993)*.

Volunteers and organisers have a duty to report child abuse to the statutory authority. Usually there are a number of worrying signs – children left alone, unusually unhappy or withdrawn, parents who do not seek help when their child is ill . . . But where there is unfounded suspicion, the trauma for parents can be especially destructive. For unlike Holland, where child abuse is treated as a cause for medical intervention, in England it is a matter for the law.

Nationally, in the year ending March 31st 1993, Home-Start schemes supported 1,003 children who were on the Child Protection Register. Participating schemes supported 76 children on the Child Protection Register during the study period and three schemes chose to focus on child abuse.

Family characteristics

Families in our 'snapshots' in which children and sometimes (child) parents were on the Child Protection Register shared certain outstanding characteristics, viz:

- ***An exceptionally high proportion of mothers had themselves suffered childhood trauma, particularly sexual abuse.***
- ***Mothers were significantly more likely to have had their first baby in their teens (to have been a child parent).***
- ***Mothers had two or more children over five as well as, on average, two younger children at the time of the study.***
- ***One fifth of mothers were single parents.***
- ***A high proportion of mothers said that they were lonely and depressed 'most of the time' and that they found their neighbours unfriendly, cold and distant.***
- ***Fathers too, where information was available, tended to be from very unhappy backgrounds. They were overwhelmingly likely to be deep in debt and to feel that they had serious marital problems. Approximately one fifth of fathers were unable to find work or were in prison.***
- ***Relationships were likely to be re-constituted or volatile.***

IN SUPPORTING ALL FAMILIES, THE WELFARE OF THE CHILD IS PARAMOUNT

HOME-START STANDARDS AND METHODS OF PRACTICE 3

'All information about parents and families is treated as confidential, to be discussed only as necessary with the Organiser in support of the Volunteer and to assist the family. Any disclosure of the confidential information to any other person may only be undertaken with the expressed permission of the parents for the purpose of assisting the family, except where it is considered necessary for the protection of a child, when information shall be shared with the appropriate authority.'

In spite of what might appear to be above average need for support, use of playgroups and drop-in centres (apart from those run by Home-Start) was minimal. Mothers' most important links were with their social workers who, with health visitors, were most likely to be the referring agents.

A distressingly clear picture emerges of mothers struggling against the odds in overcrowded council, private rented or tied accommodation. Typically, pregnancies were often difficult and mothers' health was manifestly below par; they were 'always tired' and tended to suffer from headaches and dental problems. Many were caught in a vicious spiral: lack of money, poor diet and indifferent health. That children were caught in a similar unhappy situation is apparent from the very high (95%) incidence of bedwetting or behaviour problems. Other commonly occurring symptoms were eczema, asthma, hyperactivity, sleeping and feeding difficulties. Approximately 10% of children had disabilities.

Mothers tended to be less motherly than most others referred during the period, to have unrealistically high expectations of their children and to get little personal satisfaction out of their relationship with them. Where a mother was perhaps more understanding and realistic (though still below average), fathers' attitudes were noticeably extreme.

Thus a high incidence of classic conditions known to presage child abuse and neglect were noted, specifically, under-use of community services, chaotic life-style, low self-esteem and lack of social support. The referring agents' reasons for referral centred on violence in the family, isolation and a mother's depression, and their concern over neglect of children – criteria that tend to come in the second tier of local authority priorities.

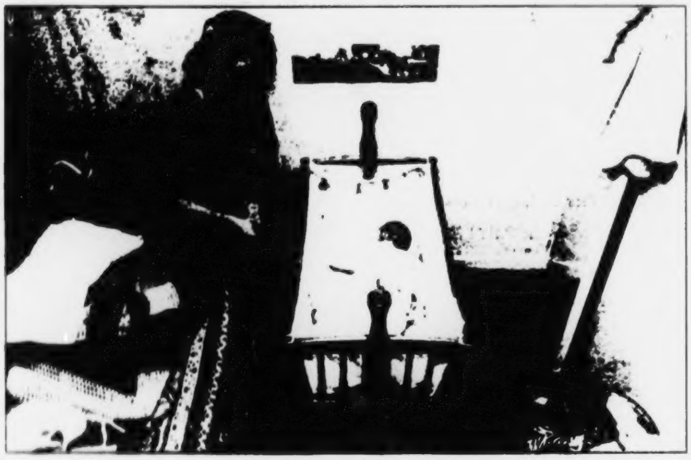
In contrast to these negative aspects, organisers stressed the positive need to increase a mother's self-confidence, to give her extra support where there were children with disabilities, and to rebuild shattered lives without recourse to prescribed drugs.

Volunteer input

Of course not all families were long term cases, although all were supported beyond the study period. Therefore there were no 'endings' (user views), so we depend for insight into the impact of Home-Start involvement with families where there was child abuse on the ways specific needs were identified by referrer, organiser, family and volunteer and how they had so far been met, were being met or were hoped to be met. The goals are clear from the records, and the detail of volunteer activities show what had been achieved with each family and what would be a continuing or future focus. We can see that , as appropriate, volunteers are engaged in:

- *intensive contact (e.g. in one example three hours daily for five weeks or more) to help parents establish a routine with their children and their home.*
- *enabling parents to play with children, fostering self-respect and self esteem.*
- *providing advocacy and moral support, particularly in relation to court appearances, dealing with solicitors and case conferences.*
- *counselling to help a parent begin to sort out his/her own problems.*
- *direct support of children, counselling, listening, encouraging physical contact, self-esteem and establishing feeding routines.*

'IT'S VERY DIFFICULT TO HELP YOUR OWN CHILDREN AND LOVE THEM. IF LIKE ME YOU DIDN'T HAVE THAT AS A CHILD . . .'



"She asks for it . . ."

"Why didn't anyone hear me?"

"He cries deliberately - he knows it makes me cross . . ."

"I'm so frightened . . . I don't want her to end up like me . . ."

"I'm not going to the drop-in;I know they wouldn't want parents like me there . . ."

"After the volunteer's help last time, at least this time I think I'll know what I'm supposed to do .

. . . being able to confide in someone who offered unconditional support

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- *caring for children so that a parent can have treatment or rest.*
- *helping with budgeting; finding cheap, wholesome food to improve the diet.*
- *taking overburdened mothers and their children to self-help groups, to social services or to a womens' refuge.*
- *enabling both parents to go out and meet others, and enjoy outings as part of a process towards a happier family life.*

Examination of the time spent by the volunteer with the family over the three months usually showed greater variation than with most other parents within the study, between four and six hours a week for each volunteer, but occasionally considerably more. Patterns reflect the flexibility of volunteers' responses to families' immediate needs – a court case, violence in the home, a mother who fears she is reaching the end of her tether.

Turning points

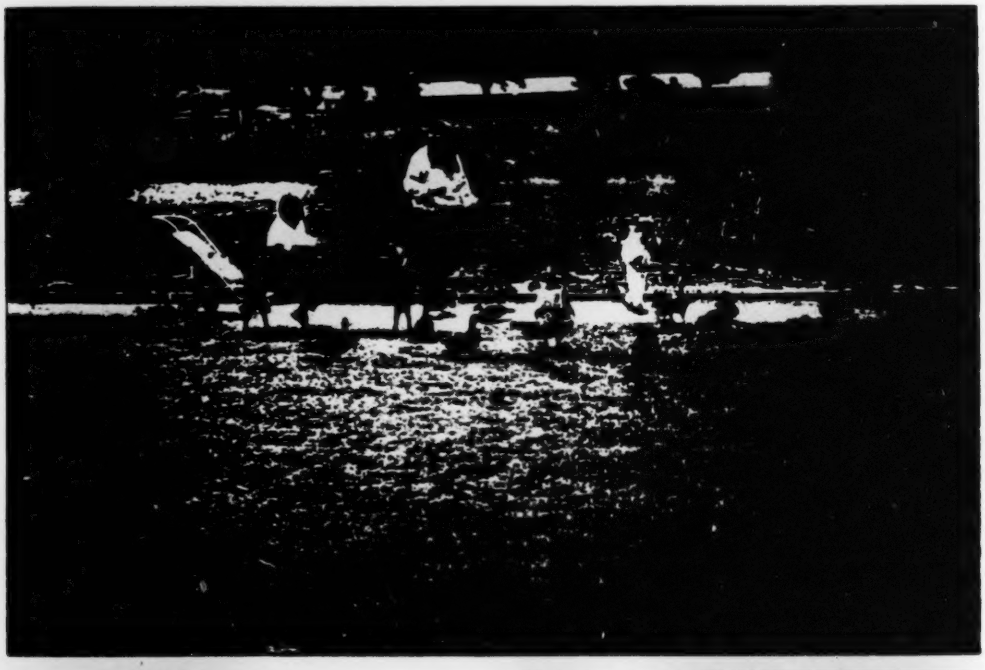
Turning points are often seemingly unimportant developments that may go unrecognised, but are positive achievements that can be built on. Concern for personal appearance can be a barometer of self-esteem – a new hair-do, a clean jumper. A mother's willingness to take the initiative in following up some activity that is for herself – driving lessons, or vocational classes; signs of pleasure in playing or hugging the children, or making a big decision, for example to leave home and go to a refuge can all indicate positive change.

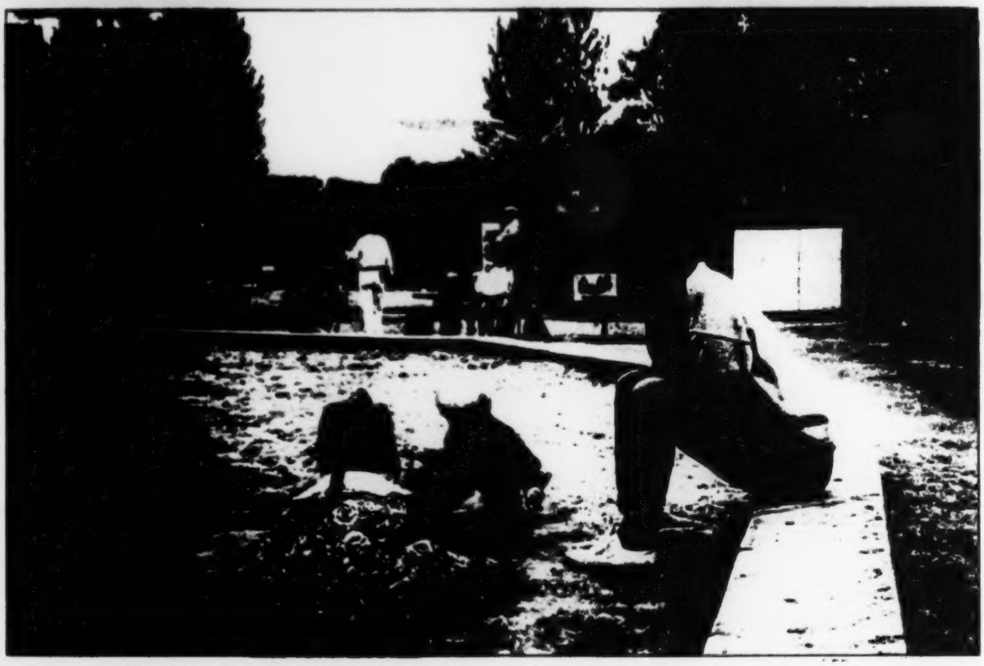
But progress is seldom uniform. Setbacks are to be expected. In trying to tease out what it was that would help or hinder change for the better in families where there was child abuse or neglect, it appears that mothers found that being able to confide in someone who offered unconditional support – no strings attached – was most helpful. A volunteer's willingness to give support daily at times of particular stress and ability to listen and put the options clearly were appreciated. Making a different circle of friends and having fun – possibly for the first time in years – all helped. Sometimes it had nothing to do with the volunteer – perhaps the catalyst was intervention by some other agency or simply a change in the composition of the household, as when a 'thorn in the flesh' or a trouble-maker leaves.

Negative influences that militated against progress were overcrowding and poverty, threats of violence, worry about involvement with social services (will they take away the children?), court cases, when someone who is considered a threat comes out of prison, partners made redundant, drink problems and continuing relationships with partners who physically and emotionally abuse the mother. But no two families are alike. Reactions to similar situations can be totally different and unexpected. Some needs change, others remain constant. An example of this is the need that all children feel to be loved, and as they grow to have friends to play with and to enjoy increased independence. Ensuring the latter can be problematic for some children with disabilities.

TOWARDS A HAPPIER FAMILY LIFE . . .

All children feel the need to be loved and,
as they grow, to have friends to play with
and to enjoy increased independence





Feeding the ducks and playing in the sand . . . enjoying outings
as part of a process towards a happier life

CHILDREN WITH DISABILITIES

Around 20% of all children have 'special needs' due to physical and/or mental disabilities. These include problems with movement, eating, dressing and washing, incontinence, behaviour and learning difficulties, partial or total sight or hearing loss or genetic disorders like Down's syndrome. Such conditions may cause minimal stress and family disruption; but severe disabilities like cerebral palsy may require constant supervision and attention.

What this means for parents may not only be the trauma of realising that their baby's abilities to do what other children do may be seriously impaired but also of coping with unremitting physical, emotional, mental and financial demands on their resources. Financial demands include loss of income through not working, the need to pay for extra help, and perhaps for special diet, clothing and equipment. It may be necessary to have expensive alterations to the home and there is always the cost and time involved in transport to hospital or a therapeutic centre. If they have other children, parents may feel guilty because they give so much time and attention to one child.

The 1989 Children Act includes children with Special Needs within the category of Children in Need. The Act defines disability as ' blind, deaf, dumb or suffers from mental disorder of any kind or is substantially handicapped by illness, injury or congenital deformity or such other disability as may be prescribed'. *(Section 17 -11).* The Act does not generally include children who are partially sighted, hard of hearing, temporarily handicapped or with conditions controlled by drugs. Yet caring for such children may be exceptionally demanding and emotionally exhausting for parents.

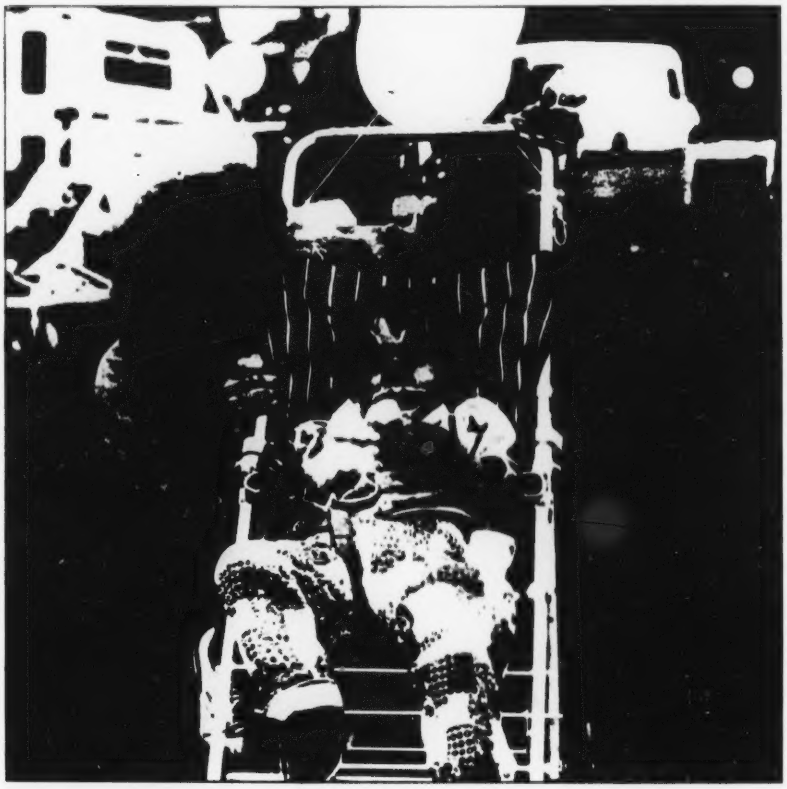
Every local authority is required to keep a register of disabled children and to make statutory and voluntary services widely known. Home-Start is just one such service available to professionals to help parents of children with disabilities care for them in their own homes and to integrate them into the community. 'Another pair of hands' or 'a break' are the most frequent reasons for referral. Increasingly, however, parents make direct touch with Home-Start. In this study 56 parents overall (11%) referred themselves for help.

Nationally 581 or 3% of children referred and supported by all Home-Start schemes in the United Kingdom during 1992-3 were registered disabled with a local authority. Of the 1232 children in this study, 61 (5%) were registered with a local authority and six were in the process of registration. According to the organisers a further 30 children had some disabilities that called for support. There is therefore the possibility of a gap between organiser assessments and the status of the family in terms of eligibility for support.

Our snapshots are mainly of parents who tend to be older than most referred to Home-Start – in the 35+ age group. They include well-to-do owner occupiers, two car families, and unemployed single mothers in a variety of settings from top floor flats to isolated mobile homes. Sometimes very specific help is required – perhaps at mealtimes when there are several young children and one with feeding difficulties. It may be that

CHILDREN WITH DISABILITIES

Around 20% of all children have 'special needs' due to physical and/or mental disabilities. Caring for these children can be exceptionally demanding and emotionally exhausting for parents . . .



. . . it can also be a great joy and lots of fun!

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sustained and substantial support is called for where a mother has several under-fives with behaviour and feeding problems. Sometimes parents themselves have disabilities (24 mothers and nine fathers were registered disabled). This does not mean that they cannot care for their children, but that they appreciate some kinds of help a volunteer can provide, most often transport to hospital, therapeutic centre or playgroup.

Layers of need

The flexibility of a volunteer's approach and sensitivity to individual family members' needs are crucial. In all contexts, the study showed repeated examples of 'layers of need'. Most frequently, the professional refers a mother for particular help – transport or assistance with a new baby. The organiser visits, recognises the need identified by the referrer but also brings to light another layer of needs. Subsequently, the volunteer, through 'being there' realises that underlying needs may be very different or more extensive than originally thought.

There is usually an overwhelming need for someone to talk to who 'understands', for a shoulder to cry on and for someone who will be totally open and honest. It is the meeting of this need that seemingly can help stop mothers from 'cracking up', taking to drink or doing 'something they will regret' to their children, or separating from or divorcing their husbands or even thinking of suicide.

These are mothers' purely subjective reactions. No one can be sure how far volunteer involvement is responsible for mothers feeling better or worse. Nevertheless, careful records kept over the comparatively brief three months reveal some interesting patterns in the Home-Start approach whereby the volunteer is free to respond to changing or new needs. Two records taken at random of families with children with disabilities illustrate what can happen.

FIG. 6A DEVELOPMENT OVER THREE MONTHS IN TWO NEWLY REFERRED AND RANDOMLY SELECTED FAMILIES

Family 1:

Mother has three children under five. Youngest child has cerebral palsy.
Mother coping well but needs transport to hospital. *(Referrer - first layer).*

January
Time taken in mins:
family 720
travel 72

Organiser visits – notes that older children are a handful and that no child is really getting the attention s/he deserves. *(Layer Two)* The following week a volunteer is introduced. She provides transport to hospital, but she also plays with older children, hugs and praises them. She helps with speech therapy and physiotherapy practice which she found had hitherto been neglected, and tries to bolster mother's self-esteem by praise and by resisting the temptation to take over.

February
Time taken in mins:
family 420
travel 80

Volunteer provides transport to hospital. Mother begins to unburden herself about the guilt she feels. *(Layer Three)* Volunteer begins to 'share wrinkles' about coping with disabled children with the mother (she has a disabled child herself). She suggests a link with a self-help group. The volunteer also takes in toys for the children. She is now trusted to take them out of the house to the park. Mother is getting into a routine of physiotherapy with the children. The volunteer also cares for the children while mother gets some sleep.

March
Time taken in mins:
family 120
travel 48

Volunteer provides transport to hospital. She reads to the older children and takes them out so that mother can play with the baby. The volunteer helps with form filling, with washing and ironing so that mother has time to play with her disabled child and with her other children. The mother makes contact with the Self-Help Group . . .

THE VOLUNTEER'S FLEXIBILITY AND SENSITIVITY TO INDIVIDUAL FAMILY MEMBERS' NEEDS ARE CRUCIAL

... trust grows between the child and the volunteer

FIG. 6B DEVELOPMENT OVER THREE MONTHS IN TWO NEWLY REFERRED AND RANDOMLY SELECTED FAMILIES

Family 2:

Also a mother with a baby with cerebral palsy. She has three school age children. She 'needs a break' from a crying and irritable baby. *(Layer One)* The organiser visits and finds that the mother would also appreciate help with forms and more information about Statementing procedures, the process carried out by a local authority in partnership with parents to identify, assess and provide for children with special educational needs for whom the local authority is responsible. *(Layer Two)* This may have long term implications for schooling at age five.

January *Time taken in mins:* family ....180 travel 30	Introduction of volunteer. She offers practical help with the baby and listens to the mother's worries. She provides information about Statementing and liaises with the social worker. She shares a variety of chores with the mother.
February *Time taken in mins:* family ....180 travel 30	Volunteer recognises that a routine would help and that too many hospital appointments had been given during the school holidays when it was either very difficult or impossible to keep them. *(Layer Three)* She helps the mother take steps to stop this happening over the Easter break. She identifies equipment that would make life easier and the mother accepts her offer to arrange for her to borrow it. The volunteer also notes that some help is needed with feeding and nutrition. She shares cooking and preparing meals with mother.
March *Time taken in mins:* family ....228 travel 48	Mother takes most of the time recounting her practical difficulties, but it becomes clear that she has a real problem in coming to terms with her baby's disabilities and that she has a need to grieve for the baby's lost twin. *(Layer Four)*

Two points are worth stressing: in the first family, the volunteer's freedom to respond to needs as they arise and the matching of a volunteer who herself has a child with disabilities and a mother who is having a similar experience. But the volunteer does not wade in with good advice. She offers practical help, concentrates on the children and on raising the mother's confidence and self-esteem. It takes time for real trust to develop so that any suggestion may be acted upon. In this family the time taken in face-to-face contact and in travel is gradually reducing over the three months. Formal support may well be gradually withdrawn.

On the face of it, the second family might have received similar 'treatment', but over time it emerges that the mother's needs are different. They include unfinished business – the need to grieve. This could be the most important 'layer' for the mother's long term health. Such underlying needs are often additional to the original referral or sometimes help to explain difficulties of a lower order that led to referral, but volunteers who have developed a close, trusting relationship often feel that these families need extra help and support in order to prevent breakdown or risk to children. Another grouping, families with multiple births, further illustrate the point.

IT TAKES TIME TO DEVELOP TRUST AND FOR UNDERLYING NEEDS TO BE EXPRESSED . . .

Zaheer, aged 12, has 6 other brothers and sisters; his wheelchair gets stuck in doorways and he can't reach the kitchen. The bathroom is not suitable for his needs and he has to be carried upstairs because the stairway is too narrow to fit a lift. They are waiting for re-housing.

. . . volunteers cannot meet such needs, but as mutual understanding and confidence grow, a volunteer can offer practical help, broaden horizons, clarify choices, support family members in their contact with other helping agencies and so play a part in meeting more extensive needs than those voiced at the time of referral.

MULTIPLE BIRTHS

Approximately 8000 pairs of twins are born in the United Kingdom each year. Currently about one in 80 maternities is likely to result in twins. Numbers of multiple births in England and Wales, especially of triplets and quads have more than doubled in the 1980's. There are three times as many triplets as in the 1970's. More than 200 sets can be expected each year. No one quite knows why the twinning rate rises or falls, as it did in the 1970's for example. One likely reason for the increase over the last decade however is the relatively new infertility treatments available. Several other factors increase the likelihood of a multiple birth. They are most common in black races and least common in Caucasian and Indian people. Those from the Far East come somewhere in betweeen *(Multiple Births Foundation, 1993; Botting, Macfarlane and Price, 1990)*.

A number of Home-Start schemes have noted exceptional numbers of such referrals. One cannot assume that these reflect increased numbers of such births from new techniques of assisted conception (approximately two thirds of triplets are not spontaneously conceived). It could be that more referrers than hitherto knew of Home-Start and thought that a volunteer could help such families.

There were 71 families with multiple births who took part in the study (65 sets of twins, and 6 sets of triplets). Six schemes chose to focus on the topic. They were dotted around the country, in Scotland, Wales, the Midlands, the Home Counties and the South West in cities, small towns and country areas.

Most people would agree that an extra pair of hands would be of inestimable help in coping with several small babies, especially if there is also a toddler or older children in the family. Inexperienced parents faced with looking after two or more babies can feel totally overwhelmed whilst a mother who knows what to do may be guilt ridden because she is spending so much time on her babies and neglecting her other children.

Practical problems are legion. Getting the shopping, especially with three or more babies (the weight and expense of it all). Cooking, cleaning, washing . . . feeding babies and toddlers . . . getting some sleep . . . all can become more like a nightmare. Tensions are more likely to develop between overstressed and overtired parents. Feeling harassed, they have no time for social chitchat or relaxation. Mothers can become very isolated and depressed, their days and nights taken up with caring for children without respite.

Another source of distress that parents of twins or more babies may have to face is bereavement if one of the babies dies. The risk of babies being stillborn or dying in infancy is higher than for single births as is the incidence of congenital malformations or other disabilities *(Ibid)*. Fears like this that all parents have are more likely to become a reality for families with multiple births.

According to the Multiple Birth Foundation, a professional organisation that aims to educate professionals, help at an early stage can alleviate much of the stress and save the need for costly professional intervention from health, social and educational services.

MULTIPLE BIRTHS –
THE PRACTICAL PROBLEMS ARE LEGION!

'Try getting this lot on the bus with all your shopping . . .!'

'There's always one awake – whatever time of day or night.
I've changed 15 nappies today and mixed 12 bottles of milk!'

Home-Start is one of the resources that professionals can call upon to complement their extensive responsibilities for families with multiple births. They find that volunteers are able to supplement help from other services by providing parents and children with practical support, information, transport and equipment; by counselling and reassurance, and by babysitting while mother gets some rest or plays with older children. They can seldom provide the total help needed, for example night time support. Though true in principle, there were times in the study period when volunteers offered substantial 'out of hours' help – staying the night when twins were in hospital or all day with twins when their father was in prison.

How Home-Start involvement works

Focusing on one series of snapshots, we can see how Home-Start involvement can work. This is a two parent family with six children that includes a set of twins. They live in a rented council house. As a child the mother did not have a stable home life. She had often been put in care and knows that she has a lot to learn as a parent. 'It's very difficult to help your own children and love them if like me you did not have that as a child'. On the advice of her social worker she attended courses on child development. She had her first baby when she was nineteen and now chooses not to seek paid employment. The father is in full time employment. He is also registered disabled. He works long hours and the mother feels very isolated. She has no family support and feels that neighbours are cold and unfriendly.

All the family have health problems including whooping cough in the baby twins and bedwetting in the nine year old daughter. The parents use the services of their GP, baby clinic, hospital and social services but have great difficulty (expense and access) in reaching the hospital. It is over an hour's journey away and they have no car.

A volunteer was introduced two months before the study period. During January, February and March she spent a total of 57 hours with the family (23, 15 and 19 hours respectively), visits ranging from 3 to 4.5 hours.

Each month the volunteer accompanied the mother to the baby clinic. In January and March she also took the children to school once and read to them. She took them to the park and on an outing and in March they also went swimming. This would give the mother some time to herself. Instances of direct support for the mother varied, with most contacts in March, possibly a reflection of the mother's growing trust in her. Each time she played and read to the children, helped with the babies and changed nappies. She also began encouraging parental involvement in childrens' play and taking toys for the children along with new activities.

The level of practical support steadily increased month by month. The volunteer went shopping, gave the mother clothes and also helped with the washing up. She began helping with housework and ironing. Increased trust and reliance is suggested when in March the mother felt confident enough to go out to keep an appointment leaving the volunteer to feed and care for the twins.

Emotional support remained fairly constant and was the most frequent type of support throughout the period with a marginal peak in February. In all three months the volunteer provided support for long term problems – marital, violence and childhood trauma. In March the volunteer began encouraging independence of both children and mother. It took five months for the mother to trust her volunteer but by the end of the study period she

SOMETIMES AN EXTRA PAIR OF HANDS IS JUST WHAT WE NEED!

"Any minute now there will be a knock at the door. My twin baby boys, Chris and Jay, are starting to grizzle . . . two bottles of milk have just been warmed. Do I start feeding the boys or hang on just a couple of minutes? I pick up the bottles and then I hear it – 'The Knock'. Great – just in time! I call to my toddler 'Ricky, Janet's here!' He rushes to the door and gives Janet a beaming smile and she bends down to give him a hug. She just manages to take off her coat before I hand her a bottle. We each grab a twin and we both collapse into a chair and start to feed. Now I can relax!

Janet is a volunteer who used to come and see us once a week. We would normally sit and chat and play with the children, but if there was anything that I needed help with she would always lend a hand. She would feed the children, tackle the washing-up, change a nappy, negotiate a buggy around town or even stay later than normal to help out at bathtime.

When Chris and Jay grew older, she would look after them while I took Ricky swimming, for which I will be forever grateful, as at that time I was very worried about the little amount of individual attention I was giving Ricky."

felt very secure and expressed her feelings in the poem opposite.

No one can say that without the volunteer's involvement, this mother would have found it impossible to cope and become a crisis case. It does appear, however, that a 'dangerous corner' was passed and that underlying stresses that could militate against the well-being of the family were being voiced and confronted.

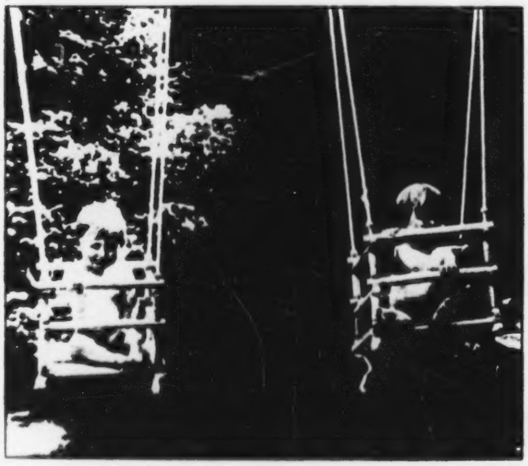
Given that the chances of a multiple birth increase with age, it seems a far cry from the situation of parents of twins or even more babies to those of teenage mothers. Yet two out of nine mothers referred in three schemes during the study period were aged 15 when they found that they were expecting twins. For them, any difficulties arising from young motherhood were compounded by the special problems (as well as the joys) associated with twins.

HOME-START HELPS THROUGH A TOUGH PHASE

MY VOLUNTEER

My volunteer is a caring lady
She brightens me up when I'm feeling crazy,
She listens and guides me through my sad days
She's helped me through my tough phase;
She really is a very good friend
With all my problems she helps to mend.
I've cried and laughed on days she's been
But it's nice to know together we team.
It's the best thing that's happened to me
Because we wanted a sincere friend for *ME*
She helps me see things in a different light
Even when things have been really tight;
I'm glad that she's from Home-Start
And I thank you from the bottom of my heart.
Thank You, Home-Start.

POEM BY A YOUNG MOTHER WITH TWINS



'Amy my cousin said it could have been much worse – at least I only have one sister ! Her friend Sita has three sisters and they were all born on the same day. Can you imagine waiting for your tea with that lot still to be fed ! And imagine sharing your bath time with three babies !!! I wonder if their mum gets any sleep at all – it sounds like a full time job to me !'

CHILD PARENTS

The United Kingdom has the highest proportion of child parents in Europe. Whilst most are in the 17 to 19 age group and may be in a stable relationship, in 1987 about 7,000 girls under the age of 16 in Britain became pregnant. Just over 4,000 had their babies. Teenage pregnancies are associated with low birthweight and perinatal problems for mothers and babies. Teenage marriages are twice as likely to end in divorce as those of other age groups and child abuse is more common in mothers who were under 20 at the birth of their first child. *(Clark and Coleman, 1991).*

Five per cent of families supported by participating Home-Start schemes were teenagers. *(25/500).* The youngest was 14; most were 15 or 16 when their babies were born and 17 at the time of the study.

Three schemes chose Child Parents as their topic, one in Eastern England and two in very different parts of the North. Nevertheless, all nine teenage mothers supported by them, a very small sample that must be treated accordingly, lived in urban areas or small towns. Four were in council flats, usually upper floors; four in private rented accommodation and one in an owner-occupied house. All were aged 17 or under, but most (5/9) already had two children, including one set of twins. Three other mothers had one child and one mother (aged 17) had four under fives including a set of twins. Three of the mothers were also pregnant. None of the 17 year olds was in paid employment and although four mothers were aged 16 or under, only one was receiving any form of education. They were all full-time mothers. Four were single parents with one or two children; one was registered disabled. Three were living in an unstable and sometimes violent relationship, another was 'with friends' and one lived in her father's house (her mother had left the family home).

A common denominator

The most striking common denominator that applies to virtually all teenage mothers in other participating schemes is a history of childhood trauma. Most mothers came from residential children's homes or foster homes or had been in and out of care. Others came from families with longstanding problems, including violence, drug and alcohol misuse. Their natural mothers were either dead, had left the family home or had a difficult relationship with their daughters. One teenager was described as a 'slow learner'; another as immature, with the implication that they may have been victims of undesirable peer pressure or of possible sexual abuse. At referral, their difficulties centred on lack of experience in budgeting, cooking and child care. They tended to feel lonely and that no one cared about them. Special problems included complications in pregnancy, violence and drug abuse, isolation from immediate family, low self-esteem and lack of trust. Children sometimes lacked stimulation and babies were not thriving. Lack of facilities could result in poor hygiene.

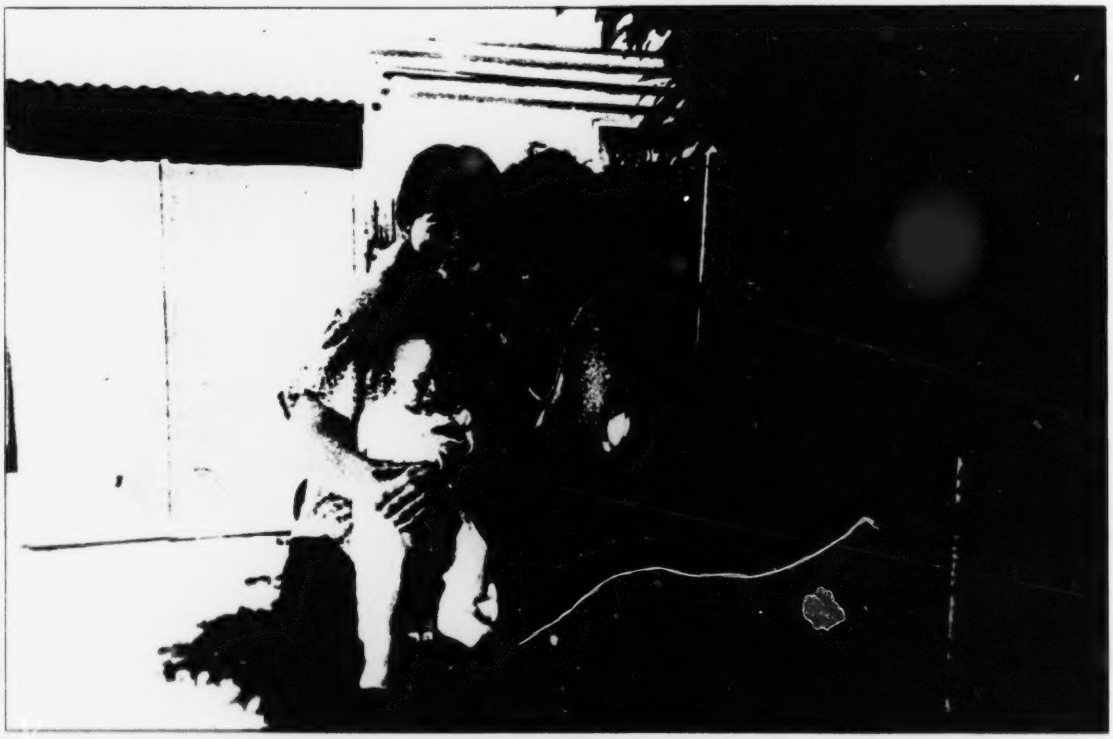
As to their Levels of need, *(Fig. 2, p.24)* just over half the mothers *(5/9)* were either in Level Six – social worker or probation officer referrals, deemed to be 'children at risk of ill-treatment or neglect' or in Level Seven where there were 'chronic well-established

CHILD PARENTS

"The mother is a single mum who feels isolated and has little family or partner support. She is 16 and has a set of twins but is also pregnant again. She has had a difficult past family history, never knowing her natural father and having a mother with mental disorders who rejected her on finding out about her pregnancy. Consequently the girl has been in foster care until the twins' time of birth and then moved into temporary private rented accommodation.

The mother feels hostile towards the social services but also feels lonely, isolated and finds it difficult to travel with twins. She was referred to her volunteer and her Home-Start group on the same day. Both her twins are on the child protection register and she too was formerly on this list."

Home-Start response to mothers' most obvious needs is to provide emotional support and counselling, and to develop parenting skills and links with community resources



'Mother the mother, so the mother can mother the child'

problems and a high risk of breakdown and need for children to be looked after by the local authority'. These families would all be assured of statutory support. But a further four families referred by health visitors or by a mother concerned about her immature and vulnerable daughter were on Level Three. This meant that Home-Start organisers considered that these families needed extra help and support to prevent breakdown or risk to children. But continued support for such families would not necessarily command backing under some local authorities' criteria of need.

Home-Start response to mothers' most obvious needs was to provide emotional support and counselling, develop parenting skills and links with community and other resources. Apart from practical help, including transport, volunteers liaised with schools and used their knowledge of the law to deal with bureaucracy. They were also sometimes able to bring small groups of mothers together and enable them to draw strength and mutual support from each other. Underlying needs were for training, qualifications and work experience. This involved new friends, role models and someone who would listen. Volunteers recognised some needs not always acknowledged by the mothers. These included sound personal relationships, improved health, knowledge and use of contraception and debt counselling.

Some very positive changes were recorded. As Fig. 7 suggests, there was a pyramid of 'building blocks' of different types of support and pointers to progress observed. Factors thought to help or hinder progress are shown on the left and right hand sides respectively.

FIG. 7

ON AVERAGE, VOLUNTEERS VISITED ONCE A WEEK AND STAYED 2-5 HOURS; IN ONE INSTANCE, 36% OF ONE VOLUNTEER'S VISITS WERE IN UNSOCIAL HOURS

What did volunteers actually do?

share/work alongside
introduce new friends · share 'wrinkles'
help re: breast feeding · played with children
accept and show affection · helped budget
attend court case · hug children · praise mother
warm clothing for children · provide nursery equipment
introduce to young mum's group ·outing to panto · liaise with school
help re: house exchange · advice re: educational psychologist
encourage verbal contact between mother & child · listened
outing to park · attend case conference · outing to beach · brought toys
share cooking skills · shopping · take to drop-in · read to children · accompany to clinic

What helped?

positive mental attitudes
strong will
willingness to share
raised self-esteem
wants to keep baby
better accommodation
willing to learn
visual aids
involvement of other agencies
volunteer visits early to get to group
more volunteer visits
peer group support
drop-in
unsocial hours from volunteer

What hindered?

violent co-habitee
undesirable peer pressure
relationship problems
fear of baby being taken away
bereavement
lack of parenting skills
difficulty in remembering
lack of trust
pregnant again
poor diet
lack of hygiene
lack of washing facilities
loneliness, insecurity
eviction, low income

OUR UNEXPECTED PLEASURE

Young parents often have a specially close relationship with their child

'Hayley and her family live in a warm and welcoming home on the edge of the town where she was born and brought up. She has twin boys of 20 months and a daughter of 8 months. Her partner works locally but is poorly paid.Until recently they lived in a sub-standard damp flat with mould on the walls and blocked drains. The baby has been admitted to hospital several times, failing to gain weight and suffering from eczema and asthma, and Hayley was acutely anxious about her. As tests did not initially show a medical cause, it was suggested by professionals that Hayley was not feeding her properly, adding to her stress. However, it has now been discovered that the baby has a milk allergy, the cause of her failure to thrive.

Many parents have experiences like these, but Hayley is only seventeen years old. She is certain that her age is seen as an explanation for anything that happens to her family yet she is also certain that she is coping as well as many much older mothers. She has a Health Visitor, and a Social Worker, and a Home Help comes twice a week to help with practical tasks. She has some practical help, especially baby-sitting, from her mother and her partner's mother.

A volunteer has visited Hayley and her family regularly since the twins were born, at least once a week, sometimes more, and has been alongside Hayley through many difficult times. Hayley goes with her children to the Home-Start Group each week, where she spends time with other young parents while the children are looked after in a creche. This gives her a breathing space when she can share time with her peers, and her children can spend time in a stimulating environment. Most importantly, there is someone who will listen, and who will believe in her.'

WHAT DO VOLUNTEERS ACTUALLY DO?

We have seen in close-up something of what volunteers do, but it is necessary to draw back in order to get an overall picture of their involvement with families over the three months.

'What do volunteers actually do?' was the most popular and comprehensively covered topic. In addition to the general checklists used by all participating schemes, a total of 101 volunteers from Australia, Canada, Israel and the United Kingdom contributed in greater detail, some from different perspectives.

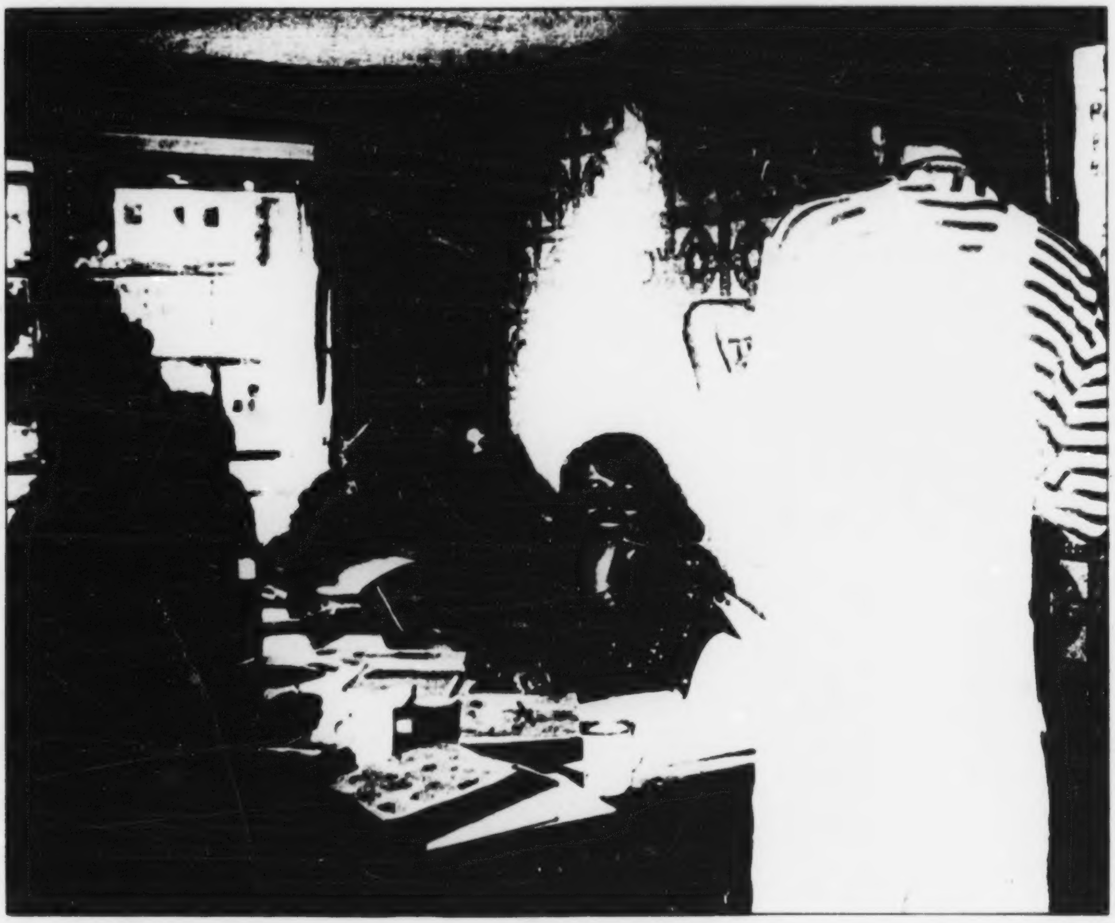
Differing perspectives

In Australia, we find 17 volunteers spending most of their time with their 18 families 'helping with the children' and 'doing a lot with the family'. From their diaries, this seems to have involved more outings than in England, perhaps a reflection of a different climate and a more outdoor life. Trips to the beach, picnics, visits to each others houses and shopping together were all prominent. However, accompanying mothers and children to school, to the doctor and to hospital appointments, helping with household chores and very occasionally going together to parenting classes also figured. Yet the way this information was gathered may give a simplistic impression of what volunteers actually do. When taking a family to an appointment, or shopping or doing jobs about the house the potentially crucial activities of listening and talking appear to go unrecorded.

In Canada too, volunteers noted the practical assistance offered to three families. Where there were several babies, the volunteer helped establish a routine, giving a mother time for herself or to play with older children. The visitor introduced the family to a Twins Club or to a church (this is seldom mentioned elsewhere; but it may be unusual in Canada too). Volunteers changed nappies, fed babies, did housework and babysat. They looked after children while parents slept and encouraged greater involvement with their children. They found warm winter coats for children who lacked them and provided emotional support for a mother torn between staying in a violent relationship or making a break. And the listening, the praise, the hugs and the sharing that went on whilst volunteers fed a baby or changed nappies begin to be apparent from the checklists.

Turning to Israel's contribution, as part of an independent evaluation of the implementation and outcomes of Ha-Ken *(Spiro,1993)* 17 undergraduate sociology students from Tel Aviv University interviewed 19 volunteers in the area. The volunteers also completed retrospectively a closed questionnaire that listed 25 activities undertaken with a family during the study period 'every time', 'most times', 'sometimes' or 'never'. Analysis showed unequivocally that 'listening to and talking with a mother about her own and her children's problems' were the most frequent. Activities that feature quite prominently in some United Kingdom and Canadian checklists, for example 'helping feed or wash children (multiple births), helping with budgeting (child parents), 'going shopping with mother' (isolated or agoraphobic mothers) 'never' occured for 14/17 volunteers. However, in Israel, tasks such as helping with washing, feeding and shopping are performed by other trained volunteers from the Volunteers' Section of the Welfare Department. Ha-Ken is meant for lonely and alienated young mothers who seldom in their

WHAT DO VOLUNTEERS ACTUALLY DO?



Volunteers attend a preparation course. 1 day per week for ten weeks . . .

Extract from **VOLUNTEERS' PREPARATION COURSE PROGRAMME**
October - December 1993

Week 4		
am.	**Child Development** **Speech Development**	*Health Visitor* *Speech Therapist*
pm.	**Dealing with difficult and disruptive children**	*Health Visitor*
Week 5		
am.	**Post-natal Depression**	*Health Visitor*
pm.	**Confidentiality**	*Home-Start Organisers*
Week 6		
am.	**Commitment and Procedures**	*Home-Start Organisers*
pm.	**Home-Start UK**	*Regional Consultant, Home-Start*
Week 7		
am	**Listening**	*Counsellor*
pm.	**Divorce Court Welfare**	*Divorce Court Welfare*

. . . after which they are introduced to a family

own childhood experienced warmth and love, so a meaningful relationship is considered critical for their development. Consequently Ha Ken volunteers are trained to give emotional rather than practical or material support, except in emergency or as a way of establishing a good relationship with the mother. As in the United Kingdom, most volunteers provide information about community resources, chat and play with the children and hug them, taking little gifts 'as a common courtesy'. In common with the United Kingdom too, Israeli volunteers have very little contact with fathers. Initially, most volunteers in Israel met with some hostility or resistance from mothers even though they had agreed to accept a volunteer. They had to 'knock on locked doors' and go back up to five times before they would be let in – even then they might well be ignored. The breakthrough often came once the children accepted the volunteer. Then the mother's attitude began to change and the volunteer's 'patient persistence' and willingness to share something of themselves usually led to an open, warm and trusting relationship.

These findings led to the belief in Israel that 'the most important factor (in success) lies in the relationship or tie between the volunteer and the mother - a tie that supports, strengthens and instructs' *(Cohen and Rozenstock, 1993)*.

In contrast to the truncated, retrospective questionnaire used in the Israeli evaluation, the checklist used in the United Kingdom was completed on each visit and listed possible activities under the following headings:

- links with other organisations
- direct support of parents with children
- practical and emotional support of parents

Emotional support takes precedence

The first trawl of the records returned on volunteer activities with 500 families shows clearly that links with statutory agencies were more frequent than those with other voluntary organisations and that on average a volunteer was active in unsocial hours on just over 10 occasions each month, often in connection with children at risk. The range was 0 - 25 occasions. Whilst volunteers offered support to parents with their children as well as practical and emotional support for parents only, the major input was that of emotional support both in working and in unsocial hours. This reflects the willingness of volunteers to 'be there' when needed in a crisis, as well as their developing friendships. Volunteers and families met in activities outside the home, for example a family wedding, a visit to the pantomime or a day out together. As often as not, fun activities tended to be in unsocial hours but accounted for comparatively little of the time spent. Of the total of 212 telephone calls made in support of a sample of 90 families, 20% were in unsocial hours; 71% lasted five minutes or less, 16% took between six and ten minutes. As to support and training for volunteers, records show that on average volunteers spent about 40 minutes each week on these activities over the three months. They were unevenly spaced, tending to come in spurts, a reflection of the timing of support group meetings, a course or a period of concern about a particular family that overrode other considerations.

Looked at from another angle, the records show the drawback of using averages to understand what happens. They give no inkling of the range of needs or of the process of identifying and responding to them.

The general pattern following matching a volunteer with a family was a flurry of activity in the first month and then a calming down to a steady regular visit. These visits (of two to four hours a week, according to Home-Start UK *Annual Statistics 1993*) may be broken by

VOLUNTEERS VISIT FAMILIES IN THEIR OWN HOMES

I cannot work miracles
And make things better straight away,
I cannot tell you
That from now on your life will be a bed of roses.
But I can promise
That I will listen and try to help you on your way.

POEM BY A HOME-START VOLUNTEER

a sudden intensity of contact reflecting a pressing need in the family and in unusual circumstances amounting to 15 or more hours a week. So averages do not adequately convey the concentrated support that volunteers offer their families when they need it.

Most often the pattern of support in the first few weeks was practical – for example, providing transport, and emotional – directed towards the children with hugs, praise and play, and perhaps helping the mother with a specific task like speech therapy or physiotherapy practice with the children. By the following month, it seems that there was sufficient trust for a mother to let the volunteer take the children out ('to give her a break' was frequently the initial reason for referral). By this time encouragement or positive reinforcement of mothers' activities with children took precedence until in the third month the volunteer was still acting as a model by playing with and reading to the children, 'sharing little wrinkles' with the mother and bringing in toys for the children (added stimuli), and also taking older children out to give the mother space for herself. By this time there were usually additional activities of seemingly inexhaustible variety geared specifically to meet needs that emerged since the volunteer was introduced. It was usually at these later stages, after five or so months, as trust in the volunteer was established that mothers began to confide their real worries – childhood and adult traumas, marital problems that had remained hidden. 'Listening' and 'counselling' took up more of the time, together with encouraging and praising parents for effort and achievement. Where problems are long term, there may be direct support of children, listening, counselling, encouraging physical contact and self-esteem. Support may also involve enabling one or both parents to go out and meet others, and enjoy outings as part of a process towards a happier family life.

Following regular and significant input, the checklists also show when visits began to tail off. This is an indication that families were beginning to sort out problems for themselves It was then enough for the volunteer to drop in as a friend or, if there was one, to keep in touch by telephone.

Conclusions (main study)

Findings from the volunteer checklists highlight three important points. The most striking feature is the scope and range of activities undertaken by volunteers. Accounts of family needs in different settings and volunteer responses already described have indicated some of these. Sometimes, however, it may be of equal importance for a volunteer simply to 'be there' – not to do anything. What matters is the relevance of each activity to the individual family. The human response to identified needs, not unfocused open-handedness is what counts. Through such activities and the gaps recorded on the checklists we can trace the growth of trust and confidence, and the ups and downs in each family's unique development. Even from these brief glimpses, we can discern recurring patterns and themes in volunteer activities in the various settings. Analysis yet to be carried out may contribute to our understanding of the process whereby help is most effective.

Given all the emphasis on activity, a third crucial point could be overlooked. It is not just what volunteers do that is important but how they do it and the qualities they bring to the job. Home-Start UK would say that there is no ideal volunteer – that everyone has something to offer if they have time and a genuine interest in people. The qualities they look for are reliability, flexibility, loyalty, an ability to maintain confidentiality and a respect for the way other people live their lives even if it is different from their own, plus optimism and a sense of fun.

Further light on this issue is shed by the contribution, part of a study for a higher degree,

ESTABLISHING THE RELATIONSHIP BETWEEN FAMILY AND VOLUNTEER . . .

Support in the first few weeks
was practical – directed
towards the children,
with hugs, praise and play . . .

The mother let the volunteer take
the children out . . .

As trust in the volunteer was
established, the mother began to
confide her real worries . . .

Mothers' perspective on volunteers

by one of the organisers *(Haynes, 1993)*. She gathered background information from mothers in four schemes in one county and provided a framework for 20 mothers from one scheme to talk openly about the support they received from their volunteer. Based on a method pioneered by George Kelly *(1955)* she developed her own technique to explore mothers' perceptions of and relationships with their volunteers. This involved asking each person interviewed for a word or phrase to describe the volunteer, then for the opposite and finally for a brief description of that kind of person and how that person acts.

She distilled comprehensive descriptions of volunteers into clusters that seemed similar in content and spirit and took the number of times each cluster was mentioned as a measure of their importance to mothers. Top of the list was the 'fun factor' with 78 mentions. Volunteers were: *Cheerful · Fun to be with · Bright · Exciting · Smiling · Laughing · Shares jokes · Outrageous · Outgoing · Bubbly · Absolutely brilliant · Absolutely wonderful · Can't wait to see her · Great · Positive.*

Second, with 60 mentions came an explanatory, non-authoritarian element: a Home-Start volunteer: *Asks · Explains · Involves · Doesn't push · Is easy to talk to · Takes your mind off things · Will talk you through things · Puts you in a better mind · Allows you to talk · Makes conversation easily.*

But it is how the opposite of a Home-Start volunteer is described that rounds and clinches this particular picture: such a person: *Tells instead of asks · Thinks they can solve it in a sentence · Sticks to it even if it is not right · Does what they want · People who know how it will make you feel, but still do it · Try to take over without consulting you first · Try to organise you and tell the whole world in the process · Impose their wishes on you · You feel you have no choice · They just prescribe and let you get on with it · People with a title – I can't speak to them, I just let them rattle on · Offhand · Bored · Make you feel inadequate.*

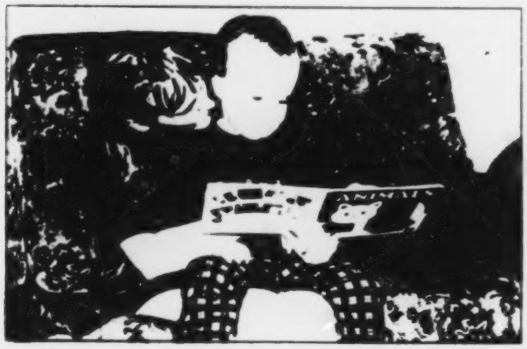
The third major element with 59 mentions describes a volunteer as: *Friendly · Warm, Approachable · Caring · Kind · Nice · Pleasant · Easy going · Affectionate · Loving · A special friend · Thinks of you · Likes you for what you are · Respects you · Prepared to give you a chance.*

The mothers in this study had been visited for at least three months, and clearly perceived their volunteers as positive, caring and approachable people who did not push, pry or prescribe. The attributes are very similar to comments made during interviews habitually conducted in the Australian scheme with families in the fourth week following the introduction of a volunteer. Recurring words are: *Friendly · Easy to talk to · Happy · Caring · Patient people (Australian Annual Report, 1993).* Professionals in Israel, as opposed to mothers, went further and described volunteers as: *A life-saver · The first real friend a mother ever had · A psychological mother.*

Focus on the volunteers – home visitors

So who are the volunteers in our snapshots and what do we know about them? Home-visiting volunteers in the United Kingdom (sample size 50) were overwhelmingly white and English speaking. Although some were young mothers or grandmothers, most were in their late thirties or early forties. They tended to have larger than average families – of two, three or more children, usually of school age. A small proportion had under-fives of their own and a very few had no children - a new development for Home-Start. We do not know how many were men – certainly, very few – but at least two of the 20 mothers interviewed *(Haynes, 1993)* were speaking of their male volunteers.

IT IS NOT JUST WHAT VOLUNTEERS DO THAT IS IMPORTANT, BUT HOW THEY DO IT . . .



. . . AND
THE QUALITIES
THEY BRING TO
THE JOB

Just under half the volunteers who visited families in their homes also had paid jobs elsewhere for between eight and 30 hours a week, and unusually, up to 48 hours. Approximately one third of all volunteers in the study, including those in rural areas, did not have the use of a car. Hobbies ranged widely beyond the usual reading, knitting and music, from collecting china to sign language, from cats to chocolate. Gardening, cooking and reading were the most common. Two possibly significant interests recurred – working with children and some form of keeping fit, in particular walking and swimming.

Most volunteers heard of Home-Start through an advertisement or article in the local paper, though occasionally it was through a friend, by having been visited by a volunteer or through looking for a student placement or work experience. Approximately half were attracted by 'something for them', for example work experience, new skills (younger volunteers), the satisfaction of helping others and the desire to meet new people or to be involved with children. Slightly more usual was the wish to 'give back something', to use life experiences, to offer friendship and encouragement to people with whom they could identify, to put skills to good use (mainly older volunteers).

Some confessed that at the beginning they had very little idea of what to expect. Even after following a course of preparation, they felt bewildered. But after being involved for periods ranging from a few weeks to several years and for two to six hours a week, almost without exception, volunteers said that they had become more aware of how deprived some families are. It made them appreciate their own families more and be less judgemental. Paradoxically, some felt it had helped them become more assertive. Courses and Support Groups had helped them confront prejudice and understand problems better. Some volunteers with professional backgrounds felt that they had learned the difference between 'doing to' and enabling families to do it for themselves.

Disadvantages of involvement centred on detrimental effects on a volunteer's own family. These arose through overeagerness to show loyalty to the Home-Start family. Overdoing it, getting over tired, not knowing when or how to say 'no' were associated with early encounters and lack of experience. Difficulties were usually ironed out through the organiser and/or group support.

Management committee members

In contrast to volunteers who visited families in their own homes, those who joined management committees were likely to be in their late fifties or older, and to have one or two or no children. They were probably retired, but if employed, responsibility for or work with children was probably part of their job. Working members spent approximately one hour a week or less on Home-Start, whereas retired members spent six hours and upwards . They do it because they want to be involved in a service that they believe benefits families. Those who become more closely involved say that Home-Start has extended their circle of friends and acquaintances, meets emotional needs and has helped develop new skills, for example learning how to fundraise, handle publicity, evaluate. Some expressed satisfaction at feeling part of a national and international organisation. One summed up it up as: 'A lot of fun and a load of hard work'.

Nationwide at the end of March 1993 there were just over 3,500 Home-Start volunteers of whom 73% were actively visiting families in their homes. All were supported by their organiser.

THE RELEVANCE OF EACH ACTIVITY TO THE INDIVIDUAL FAMILY – THE HUMAN RESPONSE TO IDENTIFIED NEED

Whilst most volunteers visit weekly, in exceptional circumstances for a short period volunteers who have built up a relationship with a family are sometimes able to do more.

GILL'S DIARY

Monday a.m

Mother re-admitted to hospital for emergency treatment. She needs the support of partner – so do children. Neighbours & friends can cope during day; Home-Start can help at the most difficult time of day.

5pm Arrived at house. Children brought home by neighbour - played games, read stories, re-assured.

8.30pm Dad arrived home from hospital - children ready for bed.

Tuesday 5pm

Thought I'd help with a few jobs – washing, ironing, washing up. However, it seemed more important to spend time with children.

Wednesday 5pm

18month-old seemed particularly anxious today; cuddled up on settee, read stories and tried to re-assure.

7.30pm Dad home earlier today - all pleased to see him. Mum seems to be making progress.

Thursday

Didn't go today - Dad decided to take children to see Mum.

Friday 5pm

Took some new story books and games to play.

Saturday & Sunday

Dad able to visit during daytime so neighbours and friends can cope.

Monday

Mum home today - look forward to seeing her. Arranged to visit twice a week for a while to help out.

Being a Volunteer – 'A lot of fun and a load of hard work!'

WHAT DO ORGANISERS ACTUALLY DO?

The role of the Home-Start organiser is pivotal. S/he is responsible to a multi-disciplinary management committee. They are volunteers but as we have seen are different in some important respects from those s/he recruits and prepares for work with families. S/he needs people who are committed, kind and caring and who will abide by Home-Start policies and guidelines. S/he carries out the initial visit to each family referred and liaises with the referrer with whom s/he remains the main contact person. Families are usually referred by a health visitor or social worker who has recognised a role for a volunteer and suggested it to the mother who will have agreed in principle. The family is then referred to Home-Start.

Thus the suggestion and acceptance of a volunteer rests not only on the referrer's understanding of what a family needs but of Home-Start and what a volunteer can offer. There is room for misunderstanding on all sides, so the organiser, the face of Home-Start, needs to make sure on his/her first visit to a family that a volunteer is really wanted and needed. Sometimes initial and early visits can be fraught for both families and volunteers. Neither can ever be quite sure of what to expect from the other. The organiser who brings the volunteer on her first visit will ensure that they have some talking point or experience in common. Questioned about this process of matching a volunteer's skills and experience with a family, organisers say that it is a 'gut feeling' and 'you get better at it with experience'. Sometimes, even the most unlikely 'matches' made at times of urgent need for support work well. The crucial ingredients are the genuineness of the volunteer and the element of choice for both her and the family.

Sometimes a mother may have no clear idea of what she needs. This may be a sign that she does not need a volunteer. It may be enough for the organiser, over two or three visits, to help a mother recognise the resources she already has or to link her to some existing support network. This valuable preventive role is seldom recognised. In Home-Start UK ***Annual Statistics*** it may appear as an 'inappropriate referral' or go unrecorded. Follow-up interviews in this study suggest that in well over half such families, organiser involvement alone may have provided a worthwhile but unrecognised preventive service.

On average, organisers spent 20 per cent of their time in direct contact with families (information base = eight detailed records over one month plus discussion group). This is 6.5% less than noted in the late 1970s, (base two part-time organisers over two weeks) ***(van der Eyken, 1990)***, and even less than two part-time organisers who completed diaries for two three month periods in 1991/2 ***(Bew K. and Cairns S., 1992)***. Yet the proportion of time spent by organisers and volunteers overall remains essentially the same as in the earlier study. It suggests that the intrinsic reason for Home-Start, namely face to face work with families, has not changed.

However, anecdotal reports from organisers that they are spending more time on administration than hitherto, including record keeping, liaison with other organisations and public relations, was borne out by the finding that it accounted for 33 per cent of their time, ten per cent more than in the Four Year Evaluation. Yet all organiser activities are

WHAT DO ORGANISERS ACTUALLY DO?

The Home-Start Organiser has a pivotal role and a job full of variety and challenge.

'No two days are the same . . .'

. . . Working in the office

WANTED
MOTHERS

. . . Taking a referral

. . . Organiser Support Group

geared to family support. There would be no Home-Start scheme unless it is funded and potential referrers and families know about it.

An organiser's job is full of variety and challenge. A few snapshots could give a very unbalanced view of his/her work. It is remarkable therefore that the eight close-ups seem to have caught individual organisers actively engaged in different facets of their work. These include almost full time involvement in recruitment and training of volunteers (a preparation course); preparation of publicity; attending meetings; management committee matters; 'on holiday' as well as supporting families and volunteers. Indeed it is the variety of the work – 'no two days are the same' – that is one of the attractions. The main one, however, is undoubtedly the feeling of doing a worthwhile job.

Three aspects of an organiser's work, apart from administration, take up more time than in the early days – training for organisers (approximately 8%) reflecting the importance attached by Home-Start UK to continued training and support, group work and travel. There is also increased awareness of the implications of equal opportunities for Home-Start. Whilst this is a recurring theme in all training, it is a striking fact that there are only two male organisers nationally and very few male volunteers. Whilst the study period witnessed rising interest in the issue, Home-Start in 1993 is still a woman's world. In March 1993 there were 203 organisers, and 75 shared posts in 128 Home-Start schemes in the United Kingdom. Two organisers were men.

As we have seen, these organisers, together with their volunteers, support families in many different environments. It is to the effects of locality and community that we now turn.

APPROACHING THE INITIAL VISIT

ORGANISERS' THOUGHTS:

I hope I'll have a volunteer to help

I wonder what she'll be like

I hope there isn't a big dog!

Will she feel able to tell me all I need to know?

FAMILIES' THOUGHTS:

What will she be like?

I won't tell her everything

What will she think of me?

I hope I've tidied up enough

What if she doesn't drink coffee?

"Looking back over the four years I have been in my post, my extra-curricular duties have included:

- *humping furniture from house to house;*
- *extracting a large lady (one of our mums) from a broken theatre seat;*
- *talking about birth control to one of our dads;*
- *dressing up as a nursery rhyme character for the Christmas party;*
- *pushing cars out of floods;* • *providing a wedding dress."*

THE INFLUENCE OF LOCATION ON SCHEMES AND FAMILIES

Problems arising from location of a Home-Start scheme

Particular settings spell particular problems for organisers. Thus, in rural areas, time and money spent in travel take a disproportionate amount of funding. In the three months studied, the time spent travelling varied between 3% for organisers in urban areas and as much as 14% in the country. As one organiser reflected: 'There's nothing left over we can use to take families out. We're low on fun'. In cities, problems stem from long waits to receive monies granted and due from Councils. In areas where costs are high, finding suitable premises, enough money to transport families who cannot afford buses and trains, and to pay expenses to volunteers who may want to come in from outside the immediate vicinity are common problems. It may be important to have a mix of better and less well-off volunteers, as is possible in small cities like York, Hull and Leicester. In big Inner Cities where everyone is under pressure, finding enough people who feel positive and who have enough time and resources to volunteer can be problematic. This also applies to recruitment to management committees.

The contrast with the position of organisers in Israel is striking. They enjoy guaranteed basic funding from the government. They are employed on a part-time basis compared with the usual full-time appointments in the United Kingdom but are able to devote more of their time to volunteers and families. On the other hand, they have less autonomy than their counterparts in the United Kingdom.

SERVICE FAMILIES

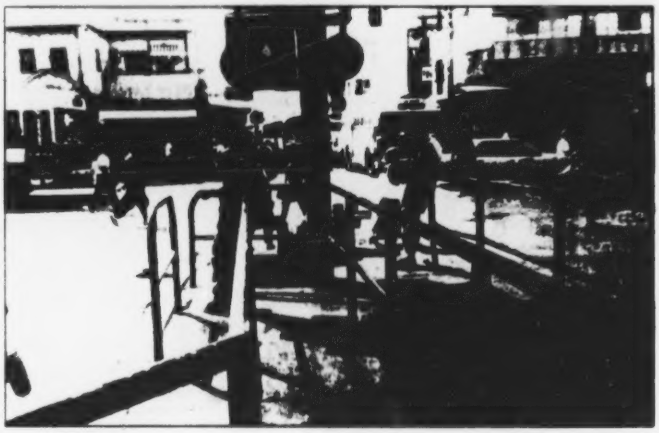
Compared with Israel with its great tradition of volunteering, at least in the Jewish communities, recruitment of volunteers is particularly hard for organisers working with Service families, especially in the British Forces Germany in the current climate of uncertainty. Most women have children under five or they are in paid employment. Transport is often poor and/or expensive. All, organisers, volunteers and families are subject to sudden moves and the consequent lack of continuity.

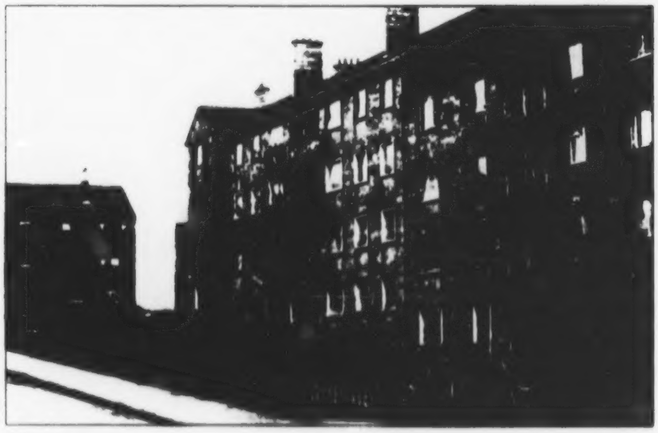
There are five Home-Start schemes in England with significant numbers of Service families in their catchment areas, 18 in Germany and two in Cyprus. Five schemes, two in England and three in Germany, concentrated on Service families. The information base was 23 families, a very small sample from well over a thousand supported by Home-Start in the United Kingdom and Germany. Findings must therefore be treated with caution.

'Excess baggage' is how some Service wives describe themselves because of the constant moves and unpredictability of their lives. Many women clearly thrive on the life-style. Others, some of whom find their way to Home-Start, are distressed by constant changes and having to cope with long periods on their own. A great deal of support is available through Forces Welfare Agencies, in particular the Soldiers, Sailors and Air Force Association. Home-Start is just one option that is sometimes appropriate.

There are few single parents in Service families (9/956 families supported by Home-Start in British Forces Germany in March 1993) but some of the stresses for Servicemens' wives are very similar to those of single mothers. In both England and Germany, women are wives until the men go away. Then mothers have to be totally responsible for house

PARTICULAR SETTINGS SPELL PARTICULAR PROBLEMS





Inhospitable city streets, country lanes without footpaths and isolation in tower blocks all make family life stressful and children. Post-natal depression is often made worse by a husband's prolonged absence or the need to grieve after a death. Sometimes the situation improves when a husband returns, but it can deteriorate if a wife loses independence she has begun to enjoy.

Mothers referred to Home-Start, most often by health visitors, occasionally by an Army Welfare Assistant, were frequently depressed. Isolated and lonely, they were less likely to find time and energy to play with their children, to cook for them or to provide the stimuli they need. Developmental delays affected a high proportion of children. There were also some serious health problems among them. These included brain damage, lymphoma, apnoea, autism and cerebral palsy – a higher incidence in so small a sample than might be expected by chance. For the families concerned there is no doubt that coping with such problems would be harder to bear without family and friends nearby. Lack of a car and infrequent or expensive public transport added to the difficulties.

Marriage problems – infidelity, jealousy – were salient features of some Service families in the sample. In Germany, all regiments have bars where cheap drink is obtainable and too much alcohol can upset routine and cause problems between husband, wife and children. *(Vellman, 1993)*

Child parents are particularly vulnerable to stress. Evidence from schemes in Germany suggests that girls of 16 or 17 get married having known their husbands a month or two. They may be lured by the prospect of a house, living in another country, or the status of Serviceman's wife, but they have little idea of what they are letting themselves in for. They may find that they cannot get a job, and decide to start a family. If their husbands are posted abroad, accommodation may be better, but they have left everything behind. They have no social network, no identity and no escape. They may come to feel imprisoned in a house and incompetent to do the simplest tasks. At the same time, they may be tied to and over-anxious about their children. Lack of transport, a language barrier and the Forces hierarchy may all be sources of unhappiness, low self-esteem and lack of confidence.

Effects of 'Options for Change'

For all families, Options for Change, the accelerated return of families from abroad as British Armed Forces are reduced, has resulted in even less security, in the loss of both house and job. Families attracted by the idea of voluntary redundancy and a lump sum find that it will not buy a house and that husbands cannot easily find a job. Lack of a job precludes the possibility of a mortgage and leads to heightened levels of stress.

Such stress is perhaps reflected in increased numbers of children placed on Child Protection Registers. In one local authority area with significant numbers of Service families from Germany, the number trebled over the 18 months up to June 1993. Home-Start volunteers may have a special role to play with families returning from abroad. Many are housed in isolated, bleak and sub-standard accommodation, perhaps ten or twelve miles from the nearest town. In spite of all the Forces Welfare Agencies do to improve facilities and provide training, some families seem too stressed and fearful to participate. Low level informal support in the home may help them over a difficult period and afford some protection to children. A particular strength of Home-Start is that it is a civilian and confidential service in a military environment where mens' careers are at stake. Home-Start volunteers are called by their first name and visit any family regardless of rank.

In sum, the picture we have of Service families in the study highlights their need for

SERVICE LIFE HAS PARTICULAR STRESSES

In both England and Germany, women are wives until the men go away; when they are then totally responsible for house and children . . . they are often distressed by constant changes and having to cope for long periods on their own.

'Goodbye, Daddy . . .'

emotional security, for social networks and stability. On the face of it, all mothers have a partner who has a job and a house. But it is not always as simple as it seems. Where mothers are under stress for whatever reason, Home-Start volunteers can offer friendship and emotional support for the mother, stimulus for the children and practical advice and links for families returned to England – if there is a Home-Start scheme available.

RURAL FAMILIES

'If there is a Home-Start scheme available' . . . There are 61 Home-Start schemes based in small towns but serving rural areas of the United Kingdom, so they are rather thin on the ground. Of these 24 participated in the study and seven chose to concentrate on rural issues. Two schemes were in Scotland, one in Northern Ireland and the rest widely scattered across England. A total of 69 families in rural areas formed the basis for analysis. Most lived in council or temporary housing (76%), a fact worth noting since being without a permanent home is usually associated with inner cities or urban districts. The main reasons for referral were isolation and depression, temporary crisis and concern over children. Health problems affected an unexpectedly high proportion of families. Just under half the mothers came from a background of violence and sexual abuse or had previously been in care.

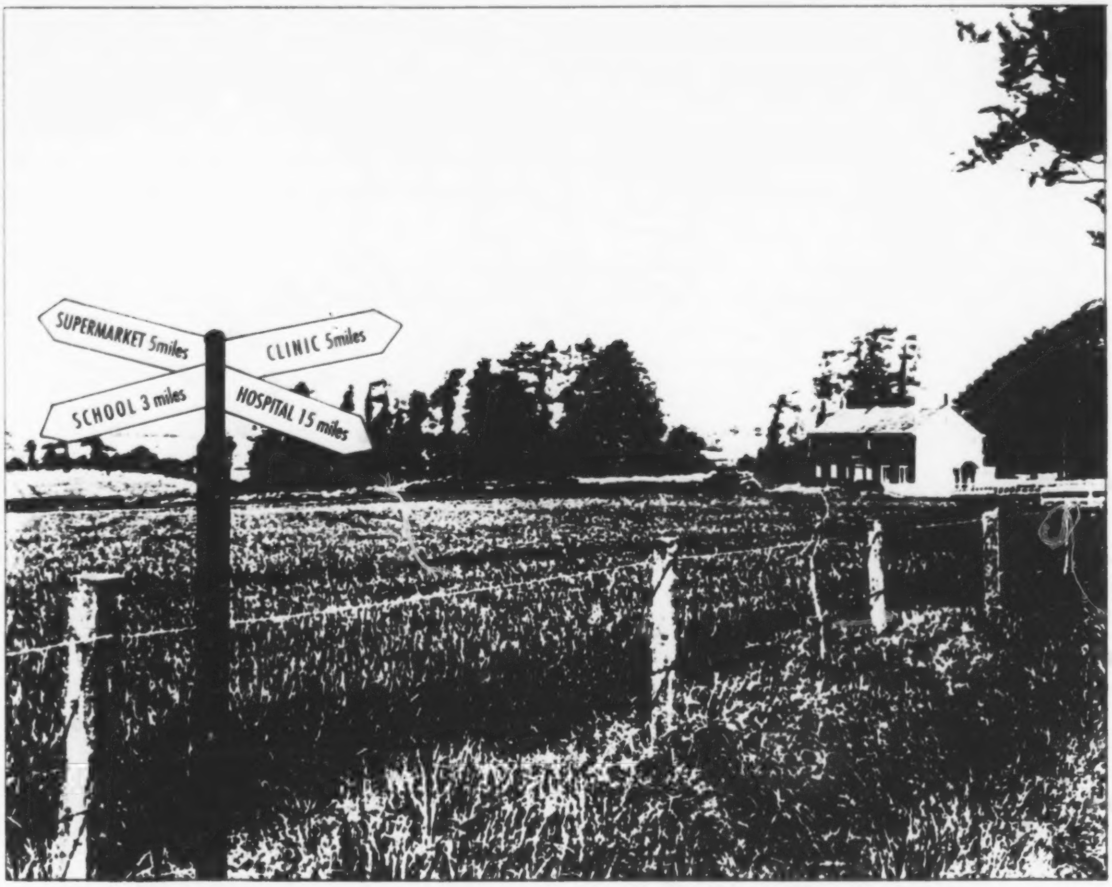
Though each region has its own subculture and its particular advantages and disadvantages, one catchment area in East Anglia typifies some of the major problems. It includes two medium-sized market towns, 58 villages, scattered farms and cottages – and virtually no public transport. Facilities, quite apart from Home-Start, were in short supply. Such a situation has far reaching effects on families with young children.

Single parents, known to be amongst the poorest families, and those with children under three emerged as most at risk through isolation and poverty. Winter is the hardest time. Job opportunities were scarce and often seasonal. Playgroups, nurseries and child-minders, if they existed, cost money and were beyond the means of mothers on Benefit. Where public transport was also non-existent and/or expensive, families living at or near the breadline were effectively excluded from services available to town and city dwellers. The Pre-school Playgroups Association runs village playgroups in some areas, but our records show considerable variation across the country and that pre-school facilities were far from universally available.

Children were at a particular disadvantage. In spite of home visits made by social workers and health visitors to outlying homes, there were still families unable to get to clinics or other facilities. Children in just over half the families supported during the study period were described by referrers or organisers as lacking other children to play with or stimulating play materials. Safety in the home was another concern. The reality behind the phrase 'lack of hygiene' took on a special dimension with descriptions of eight puppies in already overcrowded accommodation, kittens galore or pigeons and their droppings in the kitchen. Children with behavioural problems, poor bladder control, withdrawn, difficult to control or aggressive were very common.

Families were subject to isolation across the social spectrum. It was not only the poorest who were lonely. Post-natal depression is no respecter of purses, but 60% of women in rural areas do not have a driving licence. *(Child Care Now, Vol.12, No.2 1992)*. Among rural Home-Start families, 87% of mothers had no or very restricted access to a car. Families were limited to whatever was available in the nearest village. For some, rural peace and tranquillity were far from idyllic. A mother might have to walk with pram and toddler along narrow country lanes, not the safest of activities especially in the dark days of winter. Where village

RURAL AREAS



RURAL PEACE AND TRANQUILLITY CAN BE FAR FROM IDYLLIC . . .

The shortage of accessible facilities in rural areas of the United Kingdom has far-reaching effects on families with young children. Sometimes Home-Start families may be totally cut off from the local community. Poverty, lack of jobs and child care compound their problems. 60% of women in such areas do not have a driving licence; the closure of village shops and post offices, and the lack of affordable public transport, denies many mothers and children stimulating social contact. There are 61 Home-Start schemes serving rural areas. Volunteers can take as long to reach an isolated family as they spend in face-to-face contact, so their travel costs take up a disproportionate amount of total funding.

But you can also be lonely in a crowd . . .

post offices and shops had closed, mothers were also denied what may have been their only social contacts.

Thus the felt needs of many rural families were for affordable public transport, affordable housing, for jobs and amenities – child care and local shops.

Home-Start schemes are well aware that they cannot provide these basic needs. What volunteers can do is to go to the home, whether it is a caravan in a remote field or a well-appointed country house, and offer friendship to alleviate loneliness, practical help – often transport to get to health-related appointments. Or help deal with debt or budgeting problems and enable parents to spend time together while children are cared for. Volunteers help find suitable homes for puppies or arrange for cats to be spayed – simple solutions for harassed and over-burdened mothers. They raise flagging interest in children, provide toys and books, an extra pair of hands and relief for the mother. One of the most successful ways of achieving this is by bringing mothers and children together in Home-Start family groups, but the problems are time and the cost of transport. In some instances, volunteers were taking longer to reach the family than in face to face contact – not a difficulty that was apparent from inner city records.

INNER CITIES

In the United Kingdom, there are 15 Home-start schemes in inner cities. Of these 11 contributed to the Family Album and three focused on inner city issues. The knowledge base is 68 families.

Home-Start schemes are now established in some of the districts with the largest ethnic minority groups, not just in Greater London but in and around Birmingham, the Shire Counties, notably Leicestershire and Cambridgeshire, in cities like Bristol and in the industrial north. In the London Borough of Newham, for example, 42% of the population is non-white and this is reflected in the families referred to Home-Start, in the organiser and in the proportion of non-white volunteers. So too in Hackney, where of 24 volunteers, 13 are Afro-Caribbean, 5 Caucasian, 2 Nigerian, 2 Turkish, 1 Asian and 1 of mixed parentage. Of 40 referred families in 1992/1993, the ethnic breakdown was as follows: 11 Afro-Caribbean, 7 of mixed parentage, 6 Caucasian, 4 Nigerian, 3 Asian, 3 Ghanian, 3 Turkish, 2 Orthodox Jews, and 1 Spanish.

Whilst ethnic minority families referred to Home-Start are concentrated in the inner cities, they amount to only 13% of all participating families. In part this reflects the fact that Home-Start schemes are found mainly in rural areas or small towns rather than large conurbations where most of the three million people from ethnic minority groups live. ***(Owen,1992; Balarajan et al, 1992)***. This begs questions as to how far Home-Start is able to meet the needs of such groups. It is a matter to which we shall return.

Compared with those in rural areas, inner city problems of high unemployment, lack of opportunity, poverty, poor housing, violence and drug related crime are well publicised. The often miserable conditions shape the lives of many families, although even in depressed neighbourhoods, as is also apparent in poor country districts, most families want the best for their children and struggle hard against the odds. Felt needs are for adequate, affordable housing, jobs, financial security, child care, outdoor play space and adult education.

What we see over the three months study period is that mothers with large families

INNER CITIES

Isolation characterises many families who live in inner cities where 'village' communities have largely disappeared. Unemployment, housing shortage, crime and social harrassment have increased levels of social stress, to which children are particularly vulnerable.

PROFILE OF ONE HOME-START INNER CITY SCHEME

Population: *approx 200,000*

Catchment area *is 640 acres*

The under-5s population was 16,000 (1991 Census)

Unemployment: *approximately 30%-40% are unemployed.*

Diversity: *40%-50% of births are to single women: 40%-50% births are to black or to ethnic-minority householders.*

Refugees: *approx 25,000*

Depression: *30%-40% of mothers suffer with depression. A large proportion of this percentage will be from black and ethnic minority.*

Housing: *approx 415 families are in 'bed and breakfast'. Approximately 1000 are in temporary accommodation. Approximately 3,000 on the waiting list have medical priority.*

(*Source:* SCHEME'S ANNUAL REPORT)

(four to six children) living in sub-standard accommodation experienced most difficulties. Parents, especially in some ethnic minorities, want large families. Yet in overcrowded conditions children lacked space inside and outside to play in safety. They often lacked stimulation.

In contrast to many rural areas, amenities – especially pre-school places – were far more likely to be available and used. Difficulties stemmed rather from practical and psychological blocks to use of services. Tired mothers did not always see the point of pre-schooling or preventive health care. They could not face getting all their children ready in order to take one to school. The thought of busy roads, of getting several young children on and off buses and trains all inhibited participation. Poverty, especially among single parent families, was commonplace. It was reflected in less than adequate diets, poor heating, in the popularity of swap shops and co-operatives, in the finding that just under one third of families no longer had a telephone and an increasing number took incoming calls only.

As in rural areas, isolation was keenly felt by families of all social backgrounds. The most lonely were vulnerable to depression, use of drugs and misuse of alcohol. Children were more likely to be neglected. It seems that for these Home-Start families, the extended family and the neighbourhood spirit for so long associated with city villages belonged to the past. Paradoxically, some families felt overwhelmed by the number of statutory and voluntary agencies involved with them. There was also an underlying fear that 'kids will be taken away'. This sometimes resulted in reluctance to accept help from those in 'Authority'.

We see Home-Start volunteers offering practical help, developing a mother's independence and self-confidence through establishing a routine as well as playing with the children and forging links between families and local health and educational services. Volunteers were able to offer advice about budgeting and cheap nutritious meals; they knew where to go for help, advice and information on local services. Home-Start offered someone to talk to, emotional and moral support in contacts with bureacracy and those in authority. But who exactly is open to the offer? It is to this question that we now turn.

PRACTICAL HELP CAN DEVELOP INDEPENDENCE AND SELF-CONFIDENCE . . .

'Lift not working again! I'll go back down for the shopping when I get these settled in the flat ...'

'If I don't start getting the others ready, we're going to be late again...'

Difficulties often stem from practical and psychological blocks to use of pre-school and health care facilities . . . . tired mothers often cannot face getting all the children ready in order to take one to school along busy roads, getting on and off buses . . . . Home-Start volunteers offer practical help, developing independence and self-confidence through establishing family routines and forging links with local health and educational services.

EQUAL OPPORTUNITIES – OVERCOMING CULTURAL, LANGUAGE & PRACTICAL BARRIERS

Cultural and language barriers

Home-Start UK is acutely aware of the need to find ways of overcoming cultural and language barriers that prevent some ethnic minority families from using services, including Home-Start. Home-Start schemes are concerned, in accordance with Equal Opportunities Policy, that neither organisational structures nor institutional practices should deny equal access to Home-Start for any individual or group because of ethnic origin. It is this particular aspect of equal opportunities that preoccupied organisers and management committees in the three schemes that chose this topic. The realisation that home visiting by a volunteer (for which there may not even be a word in the language) is unacceptable in some communities has caused much heart searching. How is a scheme in which home visiting by volunteers is central, to proceed?

The organiser of one Inner London scheme, for example, was well aware that whilst the scheme was reaching Caribbean families (who comprised 11.2% of the population), she had not recruited any volunteers from the substantial Turkish or Kurdish community or had referrals from any families. Turkish 'Advocates' at the Health Centre said that home visits in that close-knit community were unacceptable, that felt needs were for better housing and for help in learning English. After extensive consultation, it was decided that in January 1993 the scheme would facilitate two meetings for Turkish and Kurdish mothers – an opportunity for them to get to know one another and to share their thoughts about what would help them. An invitation was circulated through clinics and family doctors. Their support was crucial.

Three mothers came to the first meeting. The organiser explained through an interpreter that this was 'their space' to say what they wanted. She also explained what Home-Start was and what it could offer. In addition to learning English, mothers wanted to know their rights, to 'keep fit' and one mother who smacked her child wanted someone to tell her if she were a good mother. All the mothers came back to the second meeting. A member of the management committee and a psychiatrist helped them explore further what they wanted – a decent home, self-esteem. They decided to continue with the meetings, to arrange for a keep fit class and to bring cookery recipes to exchange. Ten mothers came to the third meeting; it focused on child care. The following meeting was postponed because of the Fast of Ramadan. But the experiment bore fruit for Home-Start. At the end of the study period, two Turkish volunteers had been recruited and three referrals received from health visitors.

Our snapshots also show two active and highly supportive Asian groups in another Home-Start scheme in the West Midlands. These groups are the result of this scheme assessing and then responding to the needs of their particular community in a slightly different way from the traditional pattern. It is an example of the flexibility of Home-Start. An Asian Link Worker was appointed to make sure that Home-Start support would be available to the whole community. She carried out a survey of all the Asian families on the local primary school register as well as any others brought to her attention. The survey showed that very few people wanted to be volunteers or to receive volunteers into their homes. A significant number expressed an interest in coming out of the home into a group where

OVERCOMING CULTURAL AND LANGUAGE BARRIERS

Home-Start works with families from all cultural backgrounds

SOMETIMES THE NEED IS FOR GROUP WORK

Some mothers are reluctant to venture into a community alien to their cultural values, and initially find support through a Family Group they could converse freely in their mother tongue. Some mothers were very reluctant to venture out into a community alien to Islamic values.

Such mothers may not be isolated in the way that many inner city dwellers are; their children are secure within the extended family. In other respects, however, they and their children are disadvantaged. Mothers do not always see the value of play for their pre-school children or the wisdom of changes in diet, in health checks, immunisation or ante-natal care. They recognise the value of school for their children, but not the relevance of playing with other children as a preparation for it.

It became clear that the immediate need was for group work rather than home-visiting. In the Spring of 1993, groups were held twice a week specifically for parents with pre-school children. They provide an opportunity for mothers to meet together and discuss issues of concern, and for the children to play together in a safe and stimulating environment.

A point to emerge from the group records is that food (planning, preparation and consumption) seems to have potential for increasing some mothers' confidence and self-esteem – or maybe simply to reflect it. Even in three months, several mothers can be seen moving from depressed, withdrawn women to being open and capable initiative-takers. Perhaps all they do at first is to 'help make tea'. As confidence grows, they move on to organise and cook food for the group. It is about this time that ideas of taking a course or looking for a job seem to take hold.

It cannot be over emphasised that every community, just like every family, is unique. Organisers in a third scheme found that mothers, as in the above groups also from Pakistan, had plenty of activities open to them – sewing, cooking, keep fit . . . In that particular district, a Punjabi and Urdu speaking Link Worker finds that, with a lot of patient explanation, home visits are acceptable. Referrals tend to be short term as support may be needed only when the extended family is not available. Moreover Asian volunteers are not necessarily more acceptable than white home visitors, especially where mothers hope to improve their English.

In all settings Home-Start volunteers and link workers are offering friendship and emotional support over and above interpreting, advocacy and support over racial harassment. Records suggest that cross cultural friendships are developing, nurtured by genuine appreciation, respect and understanding of each others cultural values.

We can see that group work holds no easy magical solutions, but where cultural traditions preclude home visiting, it can help build confidence in secure surroundings and act as a bridge to the wider community for families who find it hard to make use of services. These aims also underlie informal drop-ins or family groups run by 57% of all Home-Start schemes in the United Kingdom.

Sometimes cultural traditions are not the stumbling block to home visiting. Sometimes families are trapped in inadequate accommodation where visiting is inappropriate – a homeless couple and their two children living in one room with shared use of all facilities; father on shift work and needing to sleep during the day. For such situations, some Home-Start schemes run an informal Family Group or Drop-in, a warm and welcoming place where parents can get and give emotional support and children have room to play.

FAMILY GROUPS CAN HELP BRING PEOPLE TOGETHER TO SHARE EXPERIENCES

Family Groups provide an opportunity for mothers to meet together and discuss issues of concern, and for the children to play in a safe and stimulating environment

HOMELESS FAMILIES

Nobody knows for certain how many homeless people there are in Britain, as many are thought to move in with friends on a temporary basis and not to figure in government statistics. Officially, at the end of March 1993, 62,250 families in England were living in temporary accommodation with an estimated 87,150 children *(D.o.E. 1993)*. Between April 1992 and March 1993, Home-Start schemes in Britain helped support 277 homeless families.

We are going to focus on 17 families and 30 children supported during the study period by two Home-Start schemes, both outside Greater London. Problems of homelessness in one of them, an urban/inner city area, were among the most serious outside London. The number of homeless families living in temporary accommodation almost trebled in the five years to March 1992. Many were young mothers particularly vulnerable to abuse and attack who could expect to be in bed-and-breakfast accommodation for at least six months and then be moved on to a hostel for another three years or so. *(H.B.C., 1992)* - a very significant length of time for a young child.

Most of the 12 homeless families supported by the first Home-Start scheme during the study period had been in hostel or private rented temporary accomodation for well over a year. Six had shared use of bath, washing, cooking and food storage facilities. 'Family breakdown' was the main reason for their referral, most usually by health visitors. Six of the 12 were single mothers. In the remaining families, four fathers were unemployed, one was in prison and one re-training. Problems afflicting the children included Downs syndrome, asthma, eczema, bed-wetting and a wide range of behavioural disorders. Two were on the Child Protection Register.

The most striking aspect of this group was what they had in common with the 'Child Parents' we have already met. It was as though we were seeing what life might be like for some of those young mothers when they reach the age of mothers in this group, now mainly 18 to 25 years old. For virtually all of them had their first baby in their early teens and shared with our group of Child Parents a history of childhood trauma.

The contrast with the five families supported by the second Home-Start scheme was inescapable. This was in a mixed small town/rural area. Three families had lost their homes through mortgage default. Violence, abuse and eviction were implicated in the other two leaving home. None of the children had disabilities or were on the Child Protection Register. Although several had regressed or had problems in speech development, they did not manifest the same range of health and behavioural problems as those supported by the other Home-Start scheme. On average, mothers were older, aged 26-34, and although two had had their babies in their teens, they were late rather than early teens. One mother was a single parent. Three of the fathers worked full time and one was unemployed.

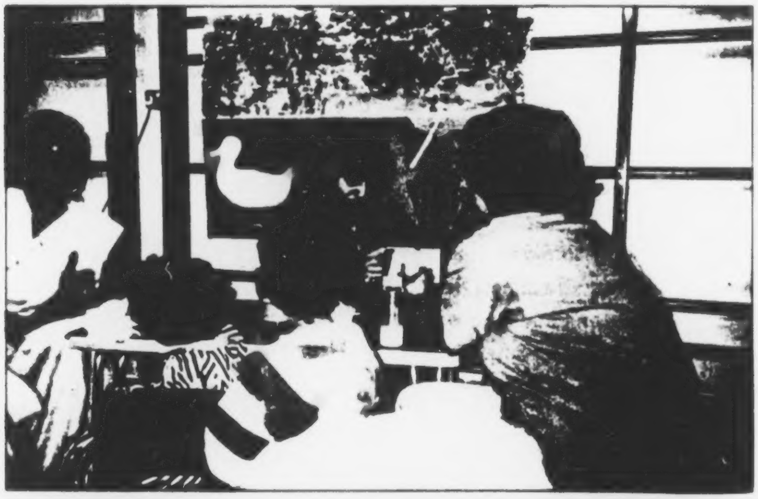
None of this justifies generalisations or is to say that mothers in either group were without hope. Their felt needs were for money, transport, (1/17 had a car), child care and above all, adequate, affordable housing. Home-Start, in common with other helping agencies, cannot hope to alleviate the root problems of unemployment and lack of affordable housing stock. Volunteers are only too well aware of families' hardship and trauma and their own inability to meet a basic human need for 'a separate dwelling for every family that desires it' as envisaged in the Housing White Paper of 1945.

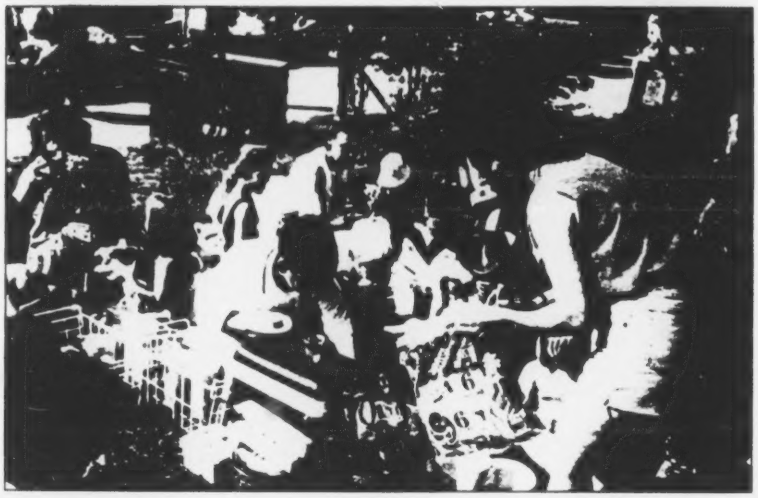
HOMELESS FAMILIES

Home for the moment is
a hostel for the homeless:
Emma hyperactive and
Holly 2 weeks old

Nevertheless, homeless parents and those who refer them identify other needs that, if met, can help make life more bearable. These include help with children; advocacy; practical, group, and moral support in finding a way through the bureaucratic maze. Records show that in spite of all their difficulties, most parents were coping. Some felt so much better that they were able to encourage and support other parents including a lone father who brought his son to a family group. The three mothers who completed an 'Endings' form said that Home-Start had given them something to look forward to and helped them feel more in control of their lives. As one in the first group wrote: 'I am a much better mum. I don't shout or smack anymore. I feel great'.

PRACTICAL, GROUP AND MORAL SUPPORT CAN HELP TO MAKE LIFE MORE BEARABLE





" . . . a mother and three children living in damp and dismal temporary accommodation, having left a violent husband. Until that time, she had been resourceful, coping and positive. Now she feels lonely, demoralised and vulnerable to gossip and is fighting for survival on £63.00 a week. Neither she nor the children have settled into a routine. Without a car or telephone she is almost completely cut off. Her health and that of her children has deteriorated. She would get a job if she could, but she has no means of getting to the nearest town and no hope of finding someone to look after the children."

Home-Start schemes sometimes run a Family Group over lunchtime, providing a cheap, hot meal – and space to play!

Sample Menu:

Soup & roll

Toasted cheese sandwich

Shepherds Pie

Beans on toast

FAMILY HEALTH – FEELING GREAT!

National figures for long-standing illness, disability or infirmity stand at 12% of 0-4 year olds, whilst severe chronic illnesses that 'limited activity' are recorded for 4% of the age group. *(Woodroffe et al. 1993).*

You have only to dip into the lives of families under stress (100% of Home-Start families) and you plunge headlong into issues of health. Nutrition, safety in the home and the environment, a catalogue of diseases – most frequent are asthma and eczema – and disabilities. Low income families are particularly vulnerable, so unsupported mothers are especially at risk (27% of all participating families visited by a volunteer during the study period).

Of the total number of Home-Start families in the United Kingdom who participated in the study, 5% of 0-5 year olds were registered disabled and a further 2% were also found to have some disabilities. A point to emphasise is that whilst 35% of families reported 'no health concerns' for their children, subsequently almost 20% of them were found to have some long term, chronic or acute condition. Furthermore, these figures do not take into account any disabilities or chronic illnesses that affect parents. In our study, 33 parents were registered disabled, 115 were chronically ill, 20 acutely ill and 6 terminally ill. Further a very high proportion of mothers were below par in both physical and mental health. However they would not necessarily have high priority in local authority assessment of need which focuses on the children.

Parents' needs

From the families' point of view it emerged that difficulties in accessing health services, (GP, health visitor and hospitals) even though 'free at the point of delivery' boiled down to a question of where the point of delivery was, and how much money and effort it took to get there. Distance measured in terms of travelling time, cost and reliability of transport made it significantly less likely that parents near or below the poverty line availed themselves of facilities intended to help them. This applied particularly to single parents, rural families in some areas, some service families and those with disabilities or chronic illness. Access to hospitals was especially problematic.

The finding that parents most often know what food their children need but lack enough money to buy it *(NCH, 1992)* is borne out by the situation of many Home-Start families. Least well off parents may go without themselves in order to give their children enough to eat. The same may apply to medicines, dental care and warm clothing.

Overcrowding and poor housing apply mostly but not exclusively in inner city areas. There is consequent mental and physical strain on parents and children. Coughs, colds, chest infections, asthma, eczema and diarrhoea were commonly noted.

Lack of household appliances is another aspect that can affect health. Whilst it is true that our grandparents managed without washing machines and automatic drying facilities, lack of them these days leads to unnecessary strain on carers and to possible lack of hygiene, especially where a member of the family has poor bladder or bowel control.

A SUCCESSION OF 'LIFE EVENTS' MAY CHALLENGE FAMILIES FROM ALL STRATA OF SOCIETY

There may be 'unfinished business' which, if not dealt with, may militate against the well-being of the family, particularly the mother and child . . .

"Mother gave birth to triplets 3 years ago - two boys and a girl. All babies died within ten days ... Mother subsequently had twins and had just had a new baby i.e. three boys under two. Ideally, mother would have liked a little girl. She never had counselling for the death of the triplets, nor talked in any depth until the Home-Start volunteer ... "

Lack of safe play space for children is a continual source of concern for many parents in inner cities and in some rural areas. Environmental hazards are not necessarily of their making - busy roads, factories emitting toxic waste, crop spraying . . . Lack of child care facilities may lead to children being cooped up in the home and consequent lack of fresh air and exercise.

These then are the main needs relating to health that parents feel – for affordable, accessible facilities, for good housing and for child care. Political decisions rather than anything a volunteer can do dictate whether or not such needs will be met.

Yet clear evidence of other health needs that could be and were being addressed became apparent from volunteers who befriended families. A succession of 'life events' – the birth of a baby, post natal depression, relationship problems, and disability may challenge families in all strata of society. No health problems may be manifest, but there may be 'unfinished business', for example the need to grieve, which if not dealt with may militate against the well-being of the family, particularly the mother and children. Money may ease the situation for them. It is no panacea.

Home-Start's contribution

The Home-Start volunteer is not a medical auxiliary and yet there is unequivocal evidence that s/he is frequently involved in drawing attention to and in helping people resolve or cope with considerable difficulties with implications for their health. Specifically, these include:

- Linking mothers and families to professionals when appropriate. Volunteers' Courses of Preparation ensure that they treat all information as confidential and know when to refer families on and to whom.

- Enabling non-attending families to get to clinics, hospitals and other health-focused appointments. Home-Start volunteers provide transport, accompany them, and help them keep appointments made.

- Identifying needs for safety precautions. This includes fireguards, stair gates, glass replacement etc., supplying them on loan from Home-Start or some other source.

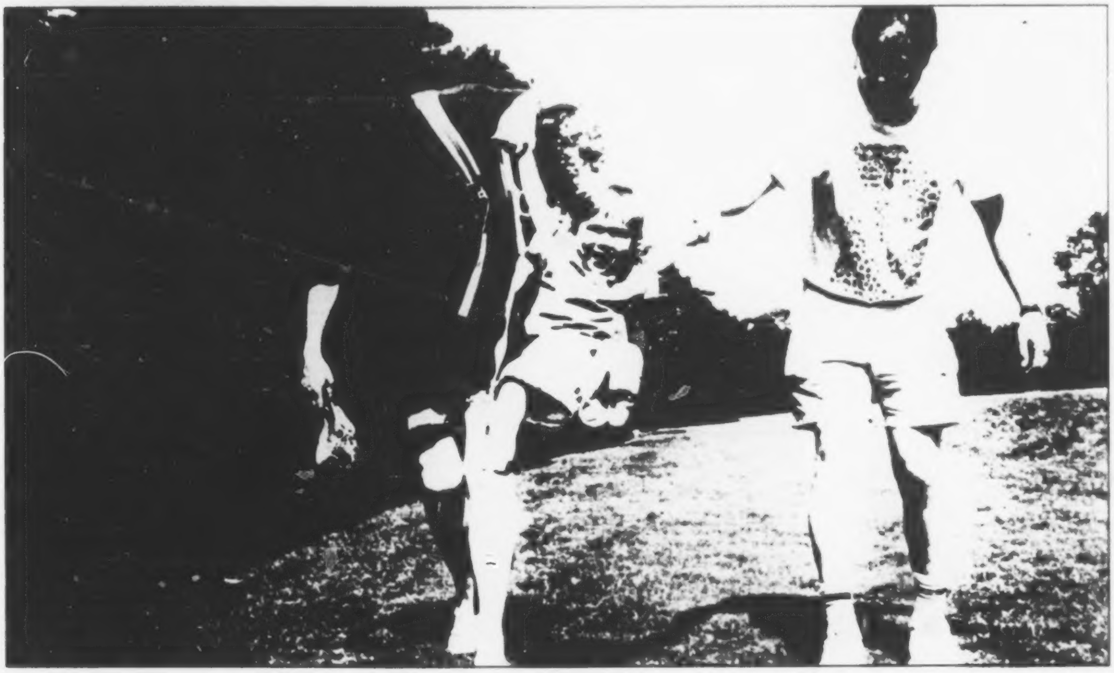
- Similarly volunteers can, without stigma, supply warm clothing and other necessary equipment through swap shops.

- Sharing cooking skills. Nutritional information and how to use it can be imparted in a natural, light-hearted and non-threatening way.

- Taking children out so that their health benefits from fresh air, exercise and a change of scene and the carer has time to herself.

- Responding to emotional needs. Personal trauma is known to be at the root of much mental and physical ill-health. Troubles are always individual and unique, but always the same in calling for time, willingness to listen and understanding. Volunteers in this study demonstrably were able to offer all three attributes.

FEELING GREAT!



ISOLATION. WIDENING THE SOCIAL NETWORKS, QUALITY OF LIFE, FUN & SELF-DEVELOPMENT

ISOLATION

Many of the activities involving Home-Start volunteers in health related issues are directed towards alleviating a mother's sense of isolation and loneliness. Organisers have long recognised the importance of breaking through these barriers in order to restore a mother's confidence in herself and a sense of well-being.

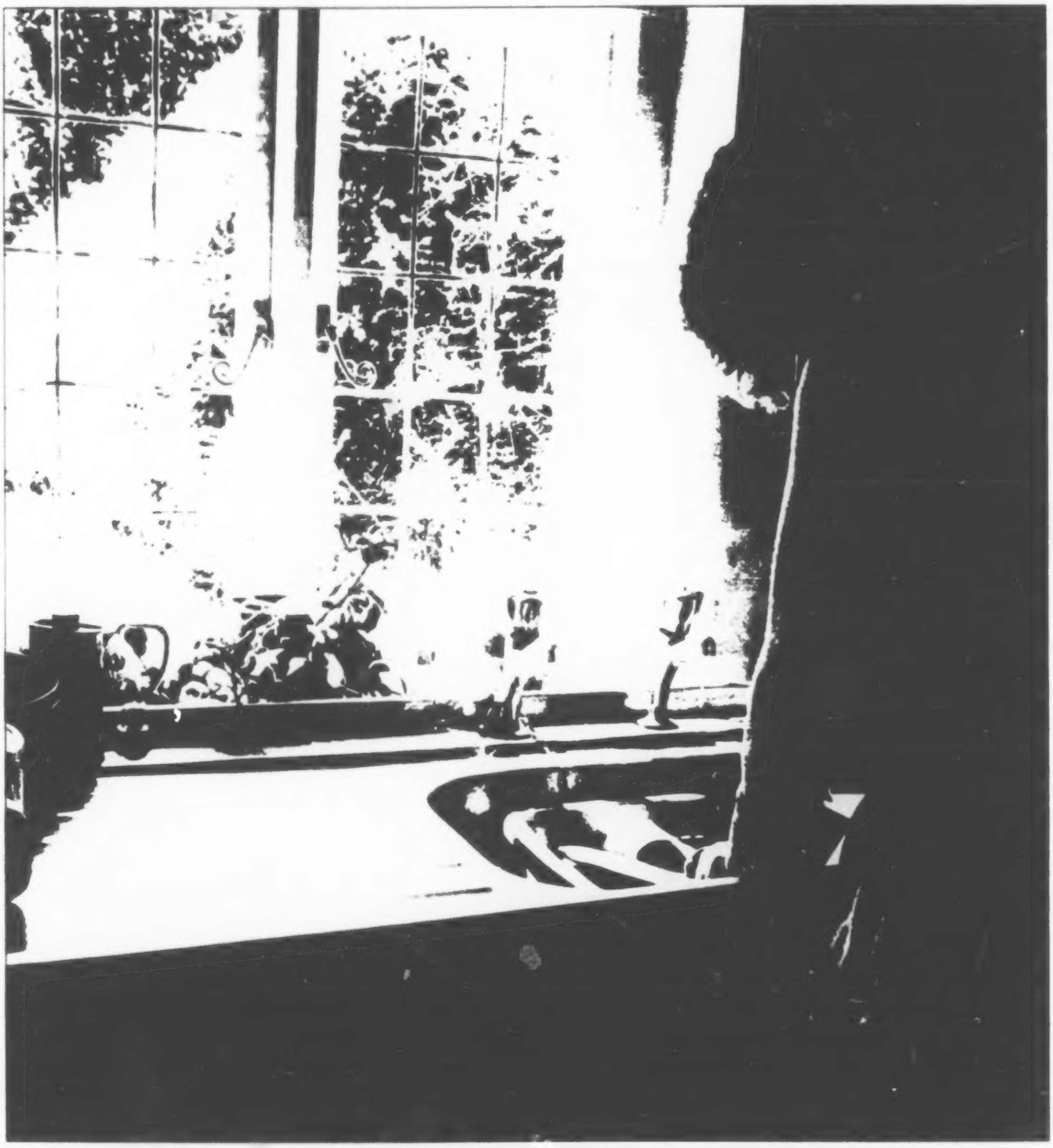
Seven Home-Start schemes in different regions of the United Kingdom chose to take Isolation and its corollary 'Widening the Social Networks' as their topics. Three schemes were in rural areas, three in mixed urban/rural areas and one in an inner city, with a total of 48 families.

In addition to the core questions (which included key indicators of isolation and supplied supplementary evidence from all participating schemes) organisers in these schemes recorded the degree of isolation expressed by mothers at the time of referral. This ranged from extreme withdrawal, through dependency on one person and reluctance to use services, to feeling well supported, integrated into the community and able to use services. The process was repeated at the end of the study period, though it must be remembered that all mothers had not been visited for the same length of time. A similarly spaced 'mapping' exercise completed by 20 families graphically showed the extent and strength of parental links with people and organisations in the home and neighbourhood.

Three vulnerable groups

At first sight, isolation seemed to be associated with the physical or geographical situation of a family. These conditions were certainly implicated in a significant proportion of cases. But emotional isolation was very common. Some families new to an area, some mothers suffering from post natal depression or bereavement could all feel lonely even though there were people around. But there was a difference between their loneliness which was of comparatively recent origin and that experienced by mothers whose physical and mental resources had been eroded over the years, who felt that they had nobody to whom to turn or trust. Thus three groups emerged as particularly vulnerable to loneliness. Approximately one third of families were physically isolated, marooned in high rise flats, above shops and offices mainly in inner cities and urban areas. They had some contacts but were reluctant to use social networks, tending to be dependent on one person and to keep themselves to themselves. They often had little knowledge of what services were available. Another third were geographically isolated, their difficulties springing from lack of transport and facilities as well as neighbours and family. They had some knowledge of services but were reluctant or unable to use them. For another third, the sense of isolation was emotional in that there were facilities available and neighbours around, but mothers felt that they were distant and unfriendly, if not hostile. They withdrew behind closed doors almost completely cut off.

Looked at another way, among the schemes focusing on isolation single parents comprised approximately 50% of the most lonely and isolated mothers. Their families tended to be unexpectedly large – between three and seven children, suggesting a



On my own again ...

"A young woman walks the empty streets holding tightly to the hands of her two little girls. It is getting dark. The market is deserted. The buses have long since stopped running. Slowly, slowly with heavy steps she makes her way home. The baby is crying again. He cries and cries and cries. She knows that something is wrong. She is so very tired and there is so much to do. How can she ever find the strength to pick him up and go and see the doctor or nurse? Everyone is so angry with her, saying that she doesn't do things right. The nurse would probably shout at her for not bringing the baby sooner. But she is so tired and she feels so lonely . . ."

substantial proportion were older mothers, divorced, separated or deserted by their husbands or partners. Low income, physical and/or geographical isolation resulting in practical difficulties combined to trap them and their children in their homes. Accommodation, frequently in high rise flats or private rented premises with shared amenities, was routinely described as damp and unsafe. Multiple health problems abounded – notably recurrent coughs and colds, chest and intestinal infections.

Approximately 30% of isolated mothers had twins under the age of five. This group included families from ethnic groups. In particular some Asian wives with large families were restricted to the home. When they lived far from their own extended family or did not get on well with their in-laws, they felt alone and unsupported.

About 20% of the most isolated families had children with disabilities who needed constant care and supervision. Again this was a reflection of geographical and physical isolation with no relief from the demanding and often exhausting job of caring for children without the support of a 'caring other'.

Mothers in all three groups spoke about activities they had once enjoyed – dancing, holidays, sewing, sports and hobbies of all sorts. None was currently able to follow any such pastime and very few ever had time for themselves or went out on their own or with their partners.

The more extreme the feelings of isolation, the more likely it was that a child or children in the family were on the Child Protection Register. When families with children on the Child Protection Register in all participating Home-Start schemes were considered, a disproportionate number were found to be those in which the mother said that she felt lonely 'all the time', that she had no one to turn to and that neighbours, if they existed, were 'cold and unfriendly'.

WIDENING THE SOCIAL NETWORKS

So far, the emerging picture is very much in line with research which identifies loneliness and isolation as key indicators of depression in mothers *(Brown and Harris, 1978)*, of non-takeup of services *(Shinman, 1987)*, and of neglectful mothers *(Polansky et al., 1985)*. The last two studies also found that reasons for loneliness lay rather in a mother's psychological state, her lack of self confidence, her fear of meeting people and her reluctance to accept help or reciprocate it than in the social environment. Consequently it makes sense that volunteers try to increase a mother's self-esteem and to provide opportunities for her and her partner and children to meet other people, to widen the social networks and to exercise choice.

Indications of change

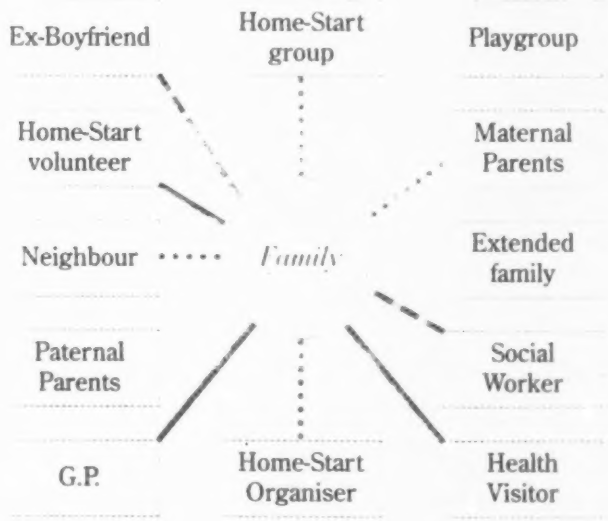
A key question was: were there any signs of change in the families even after the comparatively short period of three months? Some were to be expected by pure chance. A few improvements stemmed from moves into better housing – physical changes in which Home-Start volunteers sometimes played a part. Most marked changes were recorded in about one third of mothers initially described as 'extremely withdrawn'. They subsequently made use of some services and were aware of and had made tentative steps towards joining a group or accepting help. Another third, described as having few friends and little interest in anything said that they had made 'a friend'.

Maps of social networks completed at the outset and at the end of the study by 20 families provided graphic evidence of changed and changing relationships testifying to a general widening of the social networks, in particular one strong relationship, usually but not

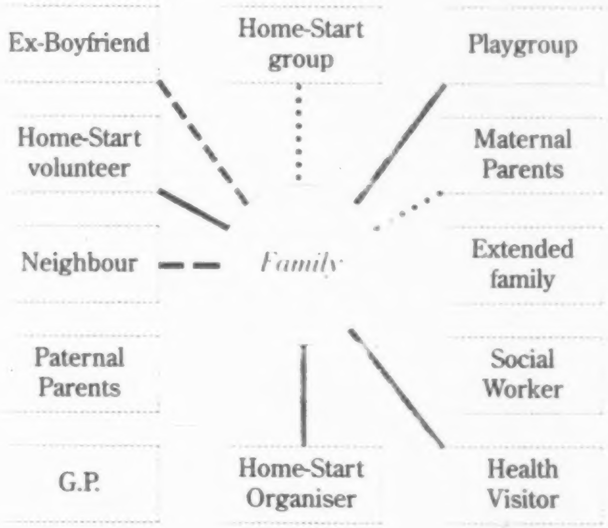
HOW SUPPORT AND FRIENDSHIP CAN HELP

Maps of social networks completed at the outset and at the end of the period of study provided graphic evidence of changed and changing relationships. Analysis of change in individual families, together with the detailed records of what their volunteers actually did over the period, suggests some direct links between volunteer involvement and positive changes in family responses to health and social services, together with improved quality of life.

——— STRONG LINK
········ WEAK LINK
– – – – STRESSFUL LINK


Ex-Boyfriend
Home-Start group
Playgroup
Home-Start volunteer
Maternal Parents
Neighbour
Family
Extended family
Paternal Parents
Social Worker
G.P.
Home-Start Organiser
Health Visitor

Above: social network links at 1st January 1993
Below: social network links at 31st March 1993


Ex-Boyfriend
Home-Start group
Playgroup
Home-Start volunteer
Maternal Parents
Neighbour
Family
Extended family
Paternal Parents
Social Worker
G.P.
Home-Start Organiser
Health Visitor

"My volunteer has broken the isolated feelings I used to have. I was beginning to feel lonely, used (by past friendships) but I have decided to set some goals this year. It's nice to know I can complete and achieve some with the support of my volunteer"

"I needed a good friend and I never had one until I met my volunteer. I've always wanted someone to go shopping with, walking with — to trust, to make me feel *good* about myself and see me for what I really am. My volunteer has and is doing that. We hope to achieve lots of things together and with a bit of luck I'll eventually be the person I want to be . . . ."

"We also have a good relationship with the Community Centres on the various housing estates and if a Mum wants to go along to join in something, but feels nervous about doing so alone, the Volunteer will go with her until she feels confident to go on her own.

We believe links with the community are important in widening the social network for many families. However, this process is not always embarked upon during the early stages of a Volunteer/Family relationship, as it can take many weeks for a Mum to come through a bad patch before she is ready to join in activities outside the home. Therefore, in a three-month study period such progress may not necessarily be reflected."

always with the volunteer. There was a reduction in Social Work support and an increase in links between families and the Home-Start organisers and volunteers, housing agencies, therapeutic centres and special interest groups. Family dynamics and the effects on relationships of a number of factors, for example, sudden illness, unemployment or redundancy of spouse or partner, bereavement, court appearances or a mismatch between the volunteer and the family could all intervene to set back improvements. Recorded changes may be due to such occurrences or simply to the passage of time or the intervention of other voluntary agencies or professional bodies. However, preliminary analysis of change in individual families together with the detailed records of what their volunteers actually did over the period suggests some direct links between volunteer involvement and positive changes in family responses to health and social services together with improved quality of life.

QUALITY OF LIFE AND FUN

Who is to say what constitutes quality of life? Perceptions can be very different. In Home-Start fun and laughter are seen as great healers and an indispensable ingredient. Yet marked differences became apparent when we asked families, organisers and administrative assistants, volunteers and management committee members in two schemes to say what they thought made for quality of life.

The latter group were most likely to be retired or near retirement age, professionals with very varied interests, church affiliation and, if they were married, larger than average families. Together with the organisers and a few volunteers, they were the only ones who attached importance to having space and time for themselves in addition to good health and being with family and friends. The majority of volunteers and families valued, in rank order: good health; love and children; care, support and security at home; a close trusting relationship, friendship; fun; freedom of choice; holidays and time to themselves, a trip to the seaside. Most also listed a range of material acquisitions – a television, a new carpet, enough money to live in comfort, a nice house – that would contribute to their quality of life.

In stark contrast, those in the most straightened circumstances, notably single parents and some homeless families, indicated the following: a place to live; a job; to feel well; enough food to eat; money to keep the children fed and warm; something to cook on.

If one accepts the theoretical framework of Doyal and Gough *(Percy-Smith and Sanderson, 1992)* that physical health and the ability to make informed choices are the basic human needs, then here we are seeing families who are struggling for their survival, since they are pre-occupied with some of the most fundamental 'satisfiers' of physical health. A much higher proportion of Home-Start families is implicated if the ability to make informed choices is included. As we have already seen, options are severely limited for many families in all settings.

Some notable omissions in response to the open-ended question were also apparent. No references were made by any group to education, to access to services or to the future. Yet 'quality of life' is not an issue commonly thought about in any depth, so that off-the-cuff responses may give a quite different impression than after deeper consideration.

A group view

One scheme chose to set time aside for organisers and volunteers to consider whether and how Home-Start improves the quality of life for families. They recognised that Home-Start is only one of many agencies trying to help families, and that working with others

MANY FACTORS AFFECT QUALITY OF LIFE

"I have known my Home-Start family for about two-and-a-half years; the baby was then only six months old. When I first met them they were living in a furnished attic but eventually we managed to get a move to a house. Still rather grotty, but with various gifts from kind people, it was made into a home.

Now some two-and-a-half years later, they live in a beautiful flat on a new housing complex in Leeds. They still do not have a lot of furniture, but the kitchen is well-equipped and the rooms are all lovely and pleasant. The difference it has made to my young mum is encouraging to see, she has more confidence and is so much happier than I have seen her. Perhaps in time she will have all the furniture she needs and her cosy little home will be complete . . . ."

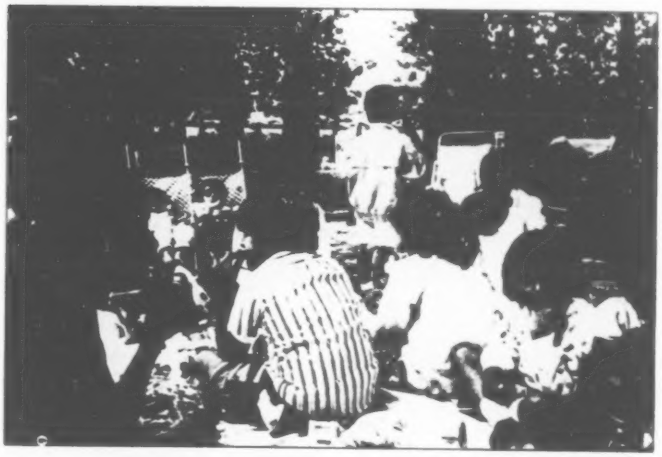
Outings to the seaside

. . . parties

. . . meeting other people

. . . making friends

. . . having fun!



greatly improves the help that all can offer. Lack of confidence and fear of the unknown, particularly of new people and new experiences, were seen as militating against the happiness and growth of many mothers. On reflection they decided that self-development is a crucial element in the quality of life. They argued that Home-Start offers a stable relationship through the volunteer that contrasts with the confused and unpredictable settings in which many families live. Where matching is successful, volunteers are able to build a trusting and mutually satisfying relationship. They and the Home-Start office can then become a source of information and advocacy, a safe haven and an anchorage. Volunteers feel that they can help families sort out options, use different and more effective approaches to other agencies, get repairs done, and most importantly see the humour in a situation, however drear, by sharing it. For people seldom laugh on their own. It happens when sharing some activity – cooking, playing with children . . .

Self-development

It is from this point that volunteers may be able to introduce and make acceptable new experiences and open up new horizons. As this begins to happen, confidence springing from a sense of achievement develops and the quality and enjoyment of life grows. It can happen in very simple ways. Home-Start supports many families who have never been out of their area, from an urban housing estate to the city centre, for example, and who have never been on holiday. The very idea can be terrifying, but when the reality is shared with volunteers, it can have a crucial knock-on effect. Sheer enjoyment can motivate a mother to get employment or to keep a job in order to have the experience again.

One other important point to emerge from the discussion was that the significance of a particular development may be interpreted quite differently by a mother and an organiser or volunteer. The arrival of her own cooker for a mother who has been sharing a gas ring for months means a better quality of life for her simply because she now has sole use of a better piece of equipment. The organiser and volunteer however see it as a reflection of her growing confidence because she has been enabled to pluck up courage to ask for it, to get a job to pay for it or to say 'thank you' if she is given it.

The picture of the ways confidence can grow and the stages of development put forward by this group of volunteers and organisers finds support in the responses to a checklist completed by five organisers, two administrative assistants, 25 families, 25 volunteers and 13 management committee members. It included possible ways that involvement with Home-Start might help improve the quality of life. Perceptions were so diverse that some management committee members considered some questions inappropriate for them and staff, especially regarding learning new skills or being helped in any way. For them, Home-Start made virtually no impact on their lives.

Management committee perceptions

This was not universally true however. The majority of management committee members who responded and were usually more closely involved felt quite differently. This is not to say that they valued their own family life any less or their freedom to follow a wealth of leisure pursuits; but they also found their lives enriched by contact with staff and families, by new acquaintances and friendships made through Home-Start. Even though professionally qualified, they said that they had learned new skills, for example accounting, coping with fundraising and Service Agreements, new approaches to work and social problems. *'Co-operation', 'expertise', 'companionship'* and *'learning'* recurred in their list of expectations. They said that they had not been disappointed.

Mothers most frequently picked out items which showed that some very different needs

THROUGH NEW EXPERIENCES HORIZONS MAY BE WIDENED, LEADING TO GREATER CONFIDENCE AND A SENSE OF ACHIEVEMENT

Self-development can be a crucial element in the quality of life. Learning new skills, making new friendships . . . sheer enjoyment can be a great motivator !

were being met. Ranked in order of frequency, they were first: '*having someone to talk* to *and lean on*', '*being helped to understand people better*', '*to feel happier*' and '*less isolated*'. Close second came '*making a close friend*' and '*getting to know more people*' '*sharing activities*' '*the pleasures of having fun*' and '*something to look forward to*', together with '*understanding and enjoying their children more*' and '*knowing where to go for help*'. Third came '*having more to talk about*', '*finding you can do things you didn't think you could*,' '*achieving something*', '*feeling good about yourself*', '*being able to help someone*'. *(See Fig. 8 opposite)*

Stages in Development

These three groups of items could be interpreted as stages in development *(Fig. 8)*. Stage One involves the breaking down of isolation, the beginnings of a satisfying relationship and a feeling of greater well-being. The second stage is essentially a social one in which acquaintance ripens into friendship, sharing and looking outward. This is followed by a stage of achievement and the pleasure of being able to help somebody else.

In addition to '*making a friend*', volunteers and organisers rated highest items in the Checklist that made least impact on mothers, namely: '*attending a course, an activity, something for you*' '*joining in a course, training activities*' '*developing new skills*' '*going on holiday*' '*going on visits*' '*having more time to do the things I want*' '*starting a new career*' '*changing your job*'. Such pursuits form a logical sequence to the first three stages of growth and development. It was the volunteers and organisers who had gone on courses, learned new skills (for example, leadership, the art of delegation, teaching volunteers, new ways of doing things, gone to new places). Lower on the list they found '*greater pleasure in their own families*' and felt that they '*understood children better*'.

Reverting to mothers, in Israel too, findings in respect of their self-development were very positive. A significant proportion who before contact with Ha-Ken were overwhelmed by their problems changed – in their personal appearance, in their attitudes and behaviour. They gained trust and and confidence in themselves and others. Some are now disposed to seek and accept help from psychologists or counsellors, or to join community groups. Others attend vocational or training courses or are ready and able to take paid work. *(Spiro, 1993)*.

All these are only snapshots. They offer a tantalizing glimpse of the way involvement with Home-Start has acted as a catalyst in the development of families, whether focused on mothers, staff or volunteers. There are grounds for a deeper, broader study of the stages in growth and development on the hypothesis that Home-Start is sowing the seeds of a family's belief in its own worth. Volunteers give people the drive to fight for what they need or should have for their physical and mental health. Deeper insights into this process are needed.

STAGES IN DEVELOPMENT

FIG.8 ITEMS FROM MOTHERS' RESPONSES TO THE CHECKLIST ON QUALITY OF LIFE, IN RANK ORDER

Joint first
(break down isolation)

Stage One

- Having someone to talk to
- Having someone to lean on
- Understanding people better
- Feeling happier
- Feeling less isolated

Joint second
(widening horizons)

Stage Two

- Making a real friend
- Getting to know more people
- Having someone to share with
- Something to look forward to
- Having fun
- Enjoying your childrens company
- Understanding them better
- Knowing where to go for help

Joint third
(achievement)

Stage Three

- Having more to talk about
- Finding you can do things you didn't think you could
- Knowing you have achieved something
- Going to new places
- Making you feel good about yourself
- Enjoying your own company
- Being able to help someone

FAMILIES HAVE FUN WITH HOME-START . . .

ENDINGS

(main study)

So far we have a picture of families and their needs in a variety of settings and of the ways Home-Start volunteers appear to help meet some of those needs. But we have heard very little from the families themselves, especially those whose formal contact with the volunteer has ended. It is to these that we now turn.

During the three month study period, 90/500 families (18%) completed an 'Endings' questionnaire. This comprised a tick list of possible ways a volunteer might have helped 'a lot', 'a little', 'not at all'. Mothers were also asked by the organiser why they had wanted a volunteer, to say how satisfied they were with the service on a five-point scale from 'not at all satisfied' to 'very satisfied' and invited to make any comments, good or bad, about it. As far as one can judge, they responded very frankly. In one scheme, a student on placement interviewed all 18 families. Arguably she obtained a more objective account than organisers might do, and this provided a check on other responses.

Most families (53%) had been referred by a health visitor and had been visited at home for a comparatively brief time (17% under six months, 64% from six months to one year, and 19% over one year). Few (12%) used a family group and quite a high proportion of the others said that they had been unaware of the possibility.

Expectations of Home-Start varied widely. They included friendship, an answer to loneliness and post-natal depression, help with large families – especially when twins came along, with difficult children and support over bereavement. Few of these have high priority on local authority criteria of 'need'.

At the outset, organiser, volunteer and mother had usually been agreed about a practical purpose for the visits. Commonly the need was for rest or a break to get on with the housework or to enjoy quality time with one child. Frequently, it was just 'another pair of hands'. As we have already seen, what a volunteer actually does may change or extend over time.

In retrospect, most mothers felt that they had needed a friend, needed help with their children and to be listened to – in that order. And what they most appreciated was someone who turned out to be a real friend, who gave them moral support, who would let them talk freely, and was not given to sitting in judgement – who gave them an occasional break from the children, new ideas and an opportunity to do something for themselves. Some looked back with especial pleasure on trips out with the children and the volunteer and the fun they had together. This is all very much what we might expect from mothers' perceptions of their volunteers discussed in 'What do volunteers actually do?'

Approximately half the mothers specified significant and beneficial differences accruing to them and their families through Home-Start. These centred on greater understanding of their children and of help in fostering their development, in sorting out problems and in mothers regaining control and feeling able to cope. One mother said that her volunteer 'saved the family from splitting up – all are healthy and happy now'.

MOST MOTHERS FELT THAT THEY NEEDED A FRIEND . . .

Most mothers felt that they had needed a friend, needed help with their children and to be listened to – in that order. And what they most appreciated was someone who turned out to be a real friend, who gave them moral support, who would let them talk freely, and was not given to sitting in judgement – who gave them an occasional break from the children, new ideas and an opportunity to do something for themselves.

It seems too good to be true that 62% of mothers were 'very satisfied' with the service and had no fault to find. The percentage rises to 72% if the length of time (up to six months) that some mothers had to wait for a volunteer is excluded. And if we exclude dissatisfaction with the way an ending was handled, the figure would rise to 94% of very satisfied 'customers'.

We cannot know how typical these 'snapshots' are, but three problem areas were identified – the length of waiting lists, achieving a good ending and a satisfactory match between volunteer and family. Disappointment in matching seems much the least frequent. This is a great tribute to the sensitivity and expertise of organisers' choice of volunteers as well as to the volunteers themselves. However, when relationships do go adrift, the result can be great bitterness, sadness and sometimes guilt for mothers and volunteers alike. Paradoxically, perhaps it is a reflection of the intensity of hopes raised and dashed, and the degree of trust placed in the volunteer.

As to endings, most draw to a close by mutual recognition that the family no longer needs the support. A natural break, a holiday, a child starting school, even an accident may provide the spur. An abrupt termination without prompt and proper explanation can be devastating however, whether it is imposed by organiser, mother or volunteer. Responses showed that all three could each have very different understanding and recollection of the most straightforward 'facts' – how long a volunteer had been visiting for example. If this is so, how much more likely that misunderstandings can arise where three people are involved in reaching what may be an unpalatable development for one or more of them. This is where boundaries made clear at the outset and repeated later (under stress we all forget things), regular three-monthly reviews and a gradual winding down seem to help towards a happy ending.

The striking fact remains, that in those three months, ten mothers in all participating families felt so much better that they wanted to take a course of preparation and become a volunteer themselves in order to give back something of what they felt they had gained. In Home-Start experience generally, many parents choose to become volunteers. In practice this does not always happen, but the expectation and hope is thought to lead to change in the family's coping skills.

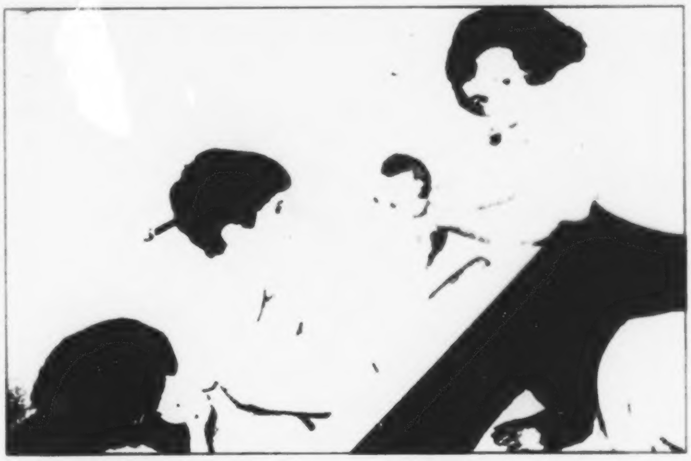
A study of mothers' views

A different perspective *(Haynes, 1993)* focused on changes in mothers' feelings about themselves and others before, during and after support from a Home-Start volunteer. Four Home-Start schemes in the Midlands were involved, 72 mothers in all, – 15 were newly referred to Home-Start, 12 were supported during the study period and 45 had been previously supported by a volunteer. All were disadvantaged in terms of income, illness or disabilities, of housing, economic activity or being a lone parent. From self-report questionnaires involving sentence completion regarding feelings about close relationships and about themselves, it emerged that those who were being or had been supported by Home-Start showed a statistically significant difference in the numbers of positive responses. They were more positive about themselves, their ability to cope and their perceptions of others over newly referred mothers. In particular, lone parents supported (36% of the sample) were twice as likely to express positive views than newly referred mothers. There was clearly a trend towards greater self-reliance and better use of other community resources; those currently being supported had the lowest incidence of visits to hospital casualty departments.

Further evidence of positive change accrues from the independent evaluation of Israel's

A HOME-START VOLUNTEER CAN HELP TO ESTABLISH REALISTIC FAMILY ROUTINES . . .

'... talking with the volunteer helped me to sort out how I could cope with my three children'



'... I feel more relaxed now and find time to enjoy being with the children'

'... the children join in with the jobs and we seem to get through the day more calmly'

Professional and volunteer perceptions

Ha-Ken *(Spiro, 1993)* over the same period. This drew mainly on professionals (social workers, nurses and teachers) and volunteers who are supervised by trained social workers, to asses change in families. Many of these are acknowledged as being among the most difficult to reach and help. Consequently this evaluation offers yet another perspective. Professionals, who knew the families well and had worked with them for many years, were in a unique position to note any changes. They were unanimous in the view that following the introduction of a 'Ken' volunteer 'important positive changes' had taken place. What sort of changes? There was the nursery teacher who said of a slightly retarded mother: 'She used to bring the child and dump it like a package. Now she asks how the child is doing, and smiles when she sees him'. Others noted a hitherto mute child who had begun to speak; children who began to be more open, less aggressive, able to play and so on. But how did they know that these changes were due to Ha Ken? Because over the years these families had shown no signs of change, then only a short time after the volunteers' work began, mothers started to take responsibility for and an interest in their children. They were also seen to make more effective use of schools and community services.

Volunteers in Israel noted changes in the homes and in mothers' relationships with their children – how they spent more time together, and mothers hugged and kissed and talked to them more often; they took more interest in their homes and began to pay more attention to their appearance. As in the Four Year Evaluation *(van der Eyken, 1990)* volunteers were more cautious than professionals in attributing change to Ha-Ken. They mostly felt that they had played a part in observed changes but they were well aware of the impact of other developments in the lives of families. It was not possible to be sure how much was due to Ha-Ken or to any other influence.

There's the rub. This is no laboratory situation. It cannot be so. In any family the effects of individual 'histories' as well as repercussions of the tangle of events and forces that crowd in upon us every day make it virtually impossible to be sure what is attributable to what.

The strength of the foregoing views of Home-Start from users, professionals and volunteers in the UK and in Israel is that they are compatible observations and experiences of similar phenomena but from different angles. They have their limitations, not least that they relate to comparatively few families over a short period of time. Yet when enough people experience change for themselves or note it in others, and when there seems to be a common denominator, then there is reason enough to suppose that something of importance is happening and to ask why.

We have the theoretical explanations developed by van der Eyken*(1990)* that draw on Reality Therapy *(Glasser, 1965)*, the work of Bloch *(1977)*, Wolff *(1971)* as well as an analogy with good mothering *(Dally, 1976)*. In the 1990s we could be looking at the relevance of Quantum Theory to explain the nature of the relationship between a mother and her volunteer *(Zohar, 1991)* but in the context of the Family Album reasons have to be pragmatic and to focus on the chosen topics. From this perspective, a relevant characteristic of Home-Start since its inception has been willingness to share with others, seeing all relationships as a partnership.

Where a Home-Start scheme works well as an organisation, the management committee, organiser and administrative assistant work in partnership. They share clear aims, keep each other abreast of developments, deal equably, openly and effectively with problems as they arise. Vision, determination, commitment and sheer hard work on the part of management committee members and staff help to make the partnership work.

HOME-START SEES RELATIONSHIPS AS PARTNERSHIPS

'I'm not ashamed of asking for help because one day I myself would like to give help to others. I know I would give the right help because I have received the right help and that makes a big difference'

A volunteer brings her own children to play with the Home-Start family

PARTNERSHIP

Home-Start schemes within a Region may work in partnership over funding and service agreements. They use the service agreement 'skeleton' provided by Home-Start UK as the basis for working out details that fit local needs. It is not always as simple as it seems. All schemes do not fit comfortably into one county, social service or health authority area. Catchment areas can straddle several administrative boundaries. This can cause substantial problems when policies regarding funding and the interpretation of partnership differ between authorities and agencies. Honesty, persistence, willingness to listen, together with reasoned argument and negotiating skills can result in a satisfactory sharing of responsibilities in order to support a scheme – which in turn supports families.

Key characteristics of partnership – the principle that underlies much child care legislation – are sharing information, a common purpose, mutual respect and willingness to negotiate. These attributes are inherent in the ways that Home-Start works with and for families. *(Standards and Methods of Practice 1993)*. They are also perceived in the bonding that can occur between volunteers. Members of the same course of preparation grow to know one another extremely well through sharing beliefs, often painful personal experiences, hopes and fears. As they and the organiser go on to visit families, volunteers are able, through informal contact and regular support group meetings to share information, doubts and dilemmas, and to draw strength, knowledge and confidence from each other.

Two schemes chose to focus on partnership. One thought of it primarily in terms of its relationship with families. It emphasised the complete openness and honesty expected between volunteers and their family, the enabling of the family to make decisions and to take greater control of their lives; the volunteers' willingness to work with, not provide for, parents and when appropriate, to share personal information because there is a common bond (children, loss of a baby, being brought up in care, lone parent, husband made redundant); and sharing time outside the 'appointed hours' when the need arises.

The success of partnership in this context depends not only on the volunteer but on the rightness of the organisers' choice of her/him for a particular family. Detailed open records of volunteer activities showed ways in which mothers are gradually drawn into active partnership, through sharing to mutuality.

The other scheme thought of partnership in terms of links with professionals, the local authority and a very wide range of other organisations. It is clear from many examples in the Study that schemes achieve a remarkable degree of co-operation with both statutory and voluntary agencies, in particular health visitors, hospital staff, social workers, probation officers, solicitors and teachers. They may be involved with local police, drug squad, health education, advice centres, family centres and a wide range of voluntary organisations.. Do not think that some of these names necessarily spell gloom and doom. Links may be practical and great fun – and always geared to help families.

Geographical situation can make a difference. It is easier to develop links essential to partnership in a small community, where everyone knows everyone else and where there is a tradition of co-operation, than in a sparsely populated rural area. The siting of a Home-Start office in an accessible and highly visible spot is an advantage because people can 'pop-in'. A structure for 'networking meetings' for all agencies involved with a family, and including the family as well, can help nurture partnership. Fig 9 *(opposite page)* highlights the ways in which everyone – families, schemes and volunteers – benefits from partnership at every level.

PARTNERSHIP WITH FAMILIES AND PROFESSIONALS.....

FIG. 9

Families stand to gain through partnership at whatever level because Home-Start schemes:

- share with families advice and information gleaned from a wide variety of agencies.
- gain invaluable support from health visitors, social workers and other professionals that helps them to help families.
- benefit from other organisations, for example through free use of premises, an office or somewhere for families to meet and for children to play, or shared use of services, perhaps a photocopier, that may make production of a newsletter possible.
- foster links with agencies and organisations who support varied activities - outings, equipment available on loan etc.

Partnership underpins the very existence of a Home-Start scheme, making it possible for a family to have:

- someone with time for them who will visit regularly, listen and where possible try to meet their needs.
- a friend who supports the family if required but does not take over decision-making.
- someone who will help parents to help their children.

And let us not forget:

- a volunteer who also needs help and cheering up on a down day.

. . .PARTNERSHIP WITH THE LOCAL COMMUNITY

Home-Start is very much part of the local community, taking part in carnivals, outings and local fund-raising events

On the debit side, insecure, short-term funding militates against partnership and a good service for families. A stop-go situation results in organisers' reluctance to recruit new volunteers and to take on new families for fear of raising expectations that cannot be met. Time and energy that should be spent on families is diverted to extra submissions and meetings.

PAST FAMILIES

But years after they have said goodbye, what do families remember about the help offered by Home-Start? Do they in 1993 remember anything about their involvement? What has become of them and their children? In token recognition of the place of past families in the Family Album, we went back through the records in three of the oldest schemes, in the Midlands, in East Anglia and in the Welsh borders, and followed up eight families. Home-Start UK staff but not the organisers or volunteers known to families carried out the interviews.

Eight of the 20 families contacted by post agreed to be interviewed – a response rate of 40%. No attempt was made to follow up those who did not respond. Five of the eight families interviewed had been referred between 15 and 20 years ago, and three between five and ten years previously. All mothers remembered their involvement with Home-Start. Apart from one Asian mother and one from Eastern Europe, all had been born in the United Kingdom. Two mothers had been referred because of disabilities in or difficulties with their children, four because they were themselves depressed or suffering from psychiatric illness. Reasons for referral in two cases were not given. At the time of referral, all but one were two-parent families. The partner in one family had since died and another had left the family home. All the other families were still together.

Most of the 19 children were now in their late teens or early twenties. Five had jobs, one was looking for work, had been in trouble with the police and was 'a bit of a problem'. The overall picture, however, was very positive. Two children had a university education, another was at college and seven were still at school. Of these, three were doing very well and hoped to go to university; four were doing reasonably well, although not necessarily academically gifted. One child was under five, and the mother of the disabled child, now school age, was supporting her family of two daughters. A third daughter lived independently.

The Home-Start volunteer was remembered in all the families. Two of the mothers had gone on to follow a course of preparation to become a volunteer themselves. One had been devastated when it did not work out, but she was still 'practising being tactful' and still helped with some group activities.

All the mothers spoke positively about Home-Start. Words and phrases that recurred included: 'brilliant' 're-assuring' 'understanding'. One said: 'the volunteer was there just for me' and another that she 'got me out of the house and was helpful in getting (disabled baby) to the clinic.' The sample is a small one. It does not 'prove' anything, but it is encouraging that all were positive about Home-Start and that most still had contacts with other families they had met through Home-Start. All were keen not to be identified – a fear that may possibly have influenced families who did not respond.

Perhaps the most striking statement came from one of the 'children' whose parents had been supported by the Home-Start volunteer and her partner. She said that she now modelled her own parenting on the volunteer rather than on her own mother, and thought that if it were not for Home-Start, her mother would probably have been admitted to a mental hospital and the children taken away . . . she remembered the volunteer with great affection.

TODAY'S CHILDREN ARE TOMORROW'S PARENTS . . .

Years after they have said good-bye to Home-Start, many families remember their involvement and the help offered to them. Past and present families joined together to welcome the Princess of Wales at Leicester Home-Start.

POSTSCRIPT: OCTOBER 1993

It is now almost a year since the 'snapshots' were taken – more schemes have been launched, a few have closed. Canada has its organiser. So what are the prospects as we approach the International Year of the Family in 1994 and also the Year that Home-Start comes of age?

We see that whilst Home-Start offered participating families a flexible, acceptable and effective service that empowered parents rather than de-skilled them, it is not widely available. Whilst basic family needs are very much the same in all settings, Home-Start schemes, in common with many other helping agencies, can respond to only a fraction of families who might benefit. Whilst most families manage to cope to a greater or lesser degree with the uncertainties, hopes and disappointments of living in today's world, many live in conditions that create undue stress and hardship and push them nearer the margins of society. The most alienated families do not seek help from any service provider unless and until they become crisis cases – the most expensive point of intervention.

Against this background some very positive developments are taking place. Over three years, an exciting project in the Metropolitan District of Wakefield, the Comprehensive Home-Start Initiative for Parental Support (CHIPS) is looking at what happens when Home-Start support is available to all families in the area. At a practical level it is now coming to be recognised, in America at least, that incentives have to be changed to enable all those who need care to obtain it and to keep costs within bounds. In the context of health care, community networks – a form of partnership between hospitals and voluntary and other organisations – seem to be a promising way forward. According to the President of the American Hospital Association 'extending the hospital's mission into the community makes the best kind of business sense' *(Richardson, 1993)*. Just as Margaret Harrison, 21 years ago, looked at the existing situation with new eyes and came up with an idea based on common sense, so Tom Chapman, administrator of a hospital that was struggling for survival in a highly disadvantaged area in Washington DC, recognised the inanity of waiting until patients were seriously ill, according them expensive treatments only to send them back into conditions that gave rise to or exacerbated their illnesses. He demonstrated that prevention is better than cure and considerably cheaper by reaching out to voluntary and other organisations and working with and through them to support families and ameliorate the conditions in which they live. The strategy of attacking larger social problems that patients have to contend with before they get to hospital, and to which they return after treatment, has resulted in a thriving hospital centre able to treat all comers *(Nichols, 1993)*. At the same time, the quality of life for local people has improved. Perhaps the model might translate to other countries . . .

Meanwhile in Family Album we have a record in words and pictures of what life with all its ups and downs was like for some Home-Start families in the real world during a particular part of 1993, and that is of value in its own right. The exercise has also taken us a step further in refining the tools and in understanding what is needed for schemes to evaluate their work in terms that make sense nationally and internationally. Participating schemes have a common basis for discussing the issues, one to which in the future they will be able

Families, volunteers and friends celebrate 10 years of Home-Start in Northern Ireland

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Home-Start offers families a flexible, acceptable and effective service, empowering parents rather than de-skilling them. Over two decades and across national boundaries, Home-Start has proved its worth as a cost-effective form of support for some of our most vulnerable families. A major challenge in the United Kingdom in the years to come is to integrate Home-Start, its principles and practice intact, into a truly comprehensive network of family support services, with a positive future for all.

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to look back and see what has changed and whether progress has been made. We have the means to explore further the alchemy that enables a volunteer's often brief relationship with a family to generate satisfying progress.

Over two decades and across national boundaries, Home-Start has proved its worth as a cost-effective form of support for some of our most vulnerable families. A major challenge in the United Kingdom in the years to come is to integrate Home-Start, its principles and practice intact, into a truly comprehensive network of family support services.

THE PHOTOGRAPHS

The photographs in Family Album have been assembled from a wide variety of sources. In order to preserve anonymity, the photographs of Home-Start families are not acknowledged individually, and they do not portray families referred to in the accompanying text.

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Many of the things we need can wait.
The child cannot. Right now is the time
his bones are being formed,
his blood is being made
and his senses being developed.
To him we cannot answer 'tomorrow'.
His name is 'today'.

GABRIELA MISTRAL,
CHILEAN WINNER OF THE NOBEL PRIZE FOR POETRY

Many young – and not so young – parents find that trying to bring up a family can be an overwhelming experience. Professionals, especially health visitors and social workers, often come to the rescue and may use voluntary organisations to help them. Twenty one years ago Margaret Harrison responded to parents under stress with a simple and direct solution. She acknowledged that there were plenty of experienced mothers who had brought up their own families and could spare the time for other mothers who needed friendly, practical help in their own homes. From this very small beginning, the organisation called Home Start, that supports young families under stress, has grown into a national and international network.

Family Album, timed to coincide with the International Year of the Family, presents a snapshot focused on the day to day activities during the first three months of 1993 of over 500 Home Start families and their volunteers in the United Kingdom, Australia, Canada, Israel and British Forces in Germany. This is a unique book about ordinary families (and ordinary people called volunteers) who try to make life better for those of us who may temporarily need help. It could be about you or somebody you know.

Dr. Sheila Shinman of the Faculty of Education & Design at Brunel University has written an informative, objective and compulsively readable book illustrated by word pictures, photographs and original material contributed by the families themselves.

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